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ABSTRACT

Approaches to improve the teaching of nursing students of diverse backgrounds are described in 16 papers as part of the Southern Regional Education Board's Faculty Development in Nursing Education Project. Among the papers and authors are the following: "Background on the Faculty Development in Nursing Education Project" (Audrey F. Spector); "Evaluation in Nursing Education" (Scarvia B. Anderson); "Learning Styles, Teaching, and Nursing Education" (Janet Awtrey and Kathleen Mikan); "The Appalachian Student: Retention Rate and Predictors of Success in Lincoln Memorial University's AD Program" (Modena Beasley); "The Faculty Development in Nursing Project's Impact on One Associate Degree Nursing Program" (Mary Ruth Fox); "Cultural Diversity: A Baccalaureate Perspective" (Sylvia E. Hart); "Closing the Gap in Basic Education at the Pre-Nursing Level at North Carolina Central University" (Joan M. Martin); "The Effect of the Myers-Briggs Type Indicator (MBTI) on Student Retention Rate in an Associate Degree Program" (Veneda S. Martin); "Student Counseling and the Supportive Environment" (C. Paul Massey); "Evaluation of the Affective Domain" (Wanda Thomas); and "An Institution's Role in Attracting and Retaining Diverse Students" (Eva Smith). (SW)

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RETAINING STUDENTS OF DIVERSE BACKGROUNDS IN SCHOOLS OF NURSING

Faculty Development in Nursing Education Project

(PHS Grant No. 2D10NU02029 05)

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Southern Regional Education Board

1340 Spring Street, N.W.
Atlanta, Georgia 30309

2 1982

FOREWORD

In this final publication of the Faculty Development in Nursing Education Project,* several of the 17 participating schools of nursing describe representative new approaches developed to improve the teaching of students of diverse backgrounds. The schools' reports, and most of the papers by consultants, were presented at the project's final conference in 1982. The papers by Scarvia Anderson and Mary Guidry were presented at the 1981 conference.

The papers presented here were gathered by Onalee Johnson, who directed the final stages of this project.

Audrey F. Spector
Director of Nursing Program
Southern Regional Education Board

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BACKGROUND ON THE FACULTY DEVELOPMENT IN NURSING EDUCATION PROJECT

Audrey F. Spector
Nursing Program Director
Southern Regional Education Board
Atlanta, Georgia

The Faculty Development Education Project (FDN) started five years ago, but its origins go back much further. For more than a decade, the Southern Regional Education Board and its affiliated nursing council have worked together to promote the recruitment, retention, and graduation of persons from groups that are underrepresented in nursing.

In 1969 and 70, representatives of associate degree and baccalaureate programs met with Helen Belcher, director of SREB's Nursing Education Project, and discussed how opportunities might be increased for students who were considered disadvantaged. The associate degree and baccalaureate schools expressed similar concerns, e.g., should recruitment be the only concern? What curricular modifications are needed, and who are the disadvantaged?

The entire Council, in the fall of 1970, recommended that a regional project be developed "directed to the recruitment, retention, and graduation of disadvantaged students in nursing."

With this backing from the schools, a project IODINE (Increasing Opportunities for Disadvantaged in Nursing Education) began in 1972, funded by the Division of Nursing, DHEW. IODINE was a demonstration project--its purpose was to answer some of the basic questions the schools had raised. Three institutions served as demonstration sites: North Carolina A & T State University, Polk Community College in Florida, and the University of Southern Mississippi.

By the time project IODINE ended in mid-1975, it had demonstrated that retention and graduation rather than recruitment of underrepresented persons presented the major obstacle.

During project IODINE, faculty at the three demonstration sites, as well as other schools in the region, identified problems that they faced:

1. Concern about the high attrition rate of students who failed to meet curricular requirements.

2. Students of diverse backgrounds brought values, language patterns, life-styles, and beliefs that were different from those of the majority of students.

3. Uneasiness because students entering nursing were not as prepared as in the past, or did not seem motivated to acquire the information offered.

4. Students' lack of basic skills in reading, writing, and mathematics.

5. More older students were enrolling, and faculty had to cope with these mature learners who brought skills and knowledge acquired through their own experiences, and who often had responsibility for caring for and supporting families. Many of these older students were part-time.

Faculty commitment was identified as the single most important factor in those programs that were successful in recruiting and retaining black students.

Project IODINE thus pointed to the need to assist faculty in coping with varying needs of students from diverse or disadvantaged backgrounds. By the mid-point of the project, it was generally agreed that "diverse" refers to cultural and educational differences, and "disadvantaged" relates to those factors that impede acquisition of academic skills for advanced study.

As project IODINE was drawing to a close in 1975, the nursing Council and SREB decided to seek funding for a regional project to help faculty address the problems identified in the preceding three years.

The FDN (Faculty Development in Nursing Education) Project was funded and began in early 1977; again, the funding came from the Division of Nursing. The project's major purpose was and still is, to provide opportunities for faculty to improve their abilities to:

1. identify learning problems,

2. study alternative learning strategies,

3. present instruction appropriate to the learning styles of students, and

4. recognize, respect, and adapt to cultural differences.

All college-based nursing schools in the South were invited to participate in the FND project, and 42 applied to be a site.

A five-member advisory committee reviewed the applications and selected 20, which was the maximum number the project could accept. In selecting the schools, consideration was given to several factors:

1. geographic representation (ten states were represented in the schools selected)

2. type program (twelve were associate degree, six were in four-year baccalaurate programs, and two were in schools that offered baccalaureate and master's degrees.)

3. rural and urban setting

4. diversity of the faculty and student populations

5. availability of support services

6. stated reasons for wanting to participate

7. private (3) and public (17) institutions

8. four schools in traditionally black institutions were selected.

At each of the 20 schools, the dean or director of the nursing program appointed task forces to coordinate and implement project plans and activities. A nurse educator served as task force leader; members of the task forces included representatives from the nurse faculty and other related disciplines, such as education, counseling, and the sciences. The task force at some schools had five members, but as many as 15

persons served on the task force at others. The task force leaders and members were persons who the faculty believed would contribute to the development and implementation of needed activities at that site.

Each project site specified the diverse groups of students in its own setting.

Some of the targeted student categories were:

1. male students
2. rural students enrolled in an urban college or university
3. white students enrolled in a predominately black university
4. non-white students enrolled in a predominately white institution
5. educationally or socioeconomically disadvantaged students
6. first generation college goers
7. transfer-in students
8. students older than the traditional 18-24 year-old college student

Each task force elicited information from the nursing faculty about needs and interests in teaching and learning strategies.

Each task force developed objectives and proposed activities. During the first three years of FDN, more than 70 campus workshops were conducted and four regional meetings were held in Atlanta.

Eula Aiken, the project director, visited each of the 20 schools in this first year. These initial visits provided opportunity for faculty and task force members to discuss overall project goals, proposed objectives, and activities at the individual site. Evaluation team members also scheduled visits to each school. These visits were to assess the progress underway at the school, and to assist in clarifying objectives and activities.

By the end of the second year, common themes had emerged in the activites at the schools:

-- At 11 schools, faculty were determining prevalent teaching and learning styles and how knowledge of the variation in styles could be used to promote more effective learning experiences.

-- Four schools were focusing on identifying learning obstacles and use of appropriate measures to overcome these problems.

-- At five schools, faculty were seeking to recognize varied misconceptions and stereotyped expectations regarding persons who are "different."

Cultural diversity was the underlying theme.

In the first three years of the FDN project, over 500 nurse educators in the 20 college-based nursing programs confronted highly controversial issues related to teaching students of diverse educational and cultural backgrounds.

Extension of the FDN Project

The three-year project ended May 30, 1980 and a two-year extension began December 1. Despite the gap of seven months, the project quickly got underway again, with 17 of the 20 schools continuing and Onalee Johnson as project director.

A regional workshop in Atlanta, in the fall of 1981, focused on "Evaluation: An Enigma or a Key?", and two of the project's schools conducted regional conferences: Tidewater Community College on "Diagnosing and Treating Learning Problems and Student Counseling," and The University of Maryland on "Cultural Diversity and Its Implications for Teaching/Counseling."

Newsletters continued to be prepared and mailed to all the nursing schools in the South. Often faculty contributed articles for the newsletters.

In the fifth and final year of the project, we must complete the campus workshops, evaluate the project, and plan for the future.

Within the next few months, a questionnaire will be mailed to the nurse administrative head and task force leader at each of the project sites, asking for information about the admission and graduation of students in 1977 and 1982. These figures, and the opinions of faculty at the schools, will provide the bulk of the evaluation.

The Future

I hope that at this conference, you will share your views about the needs at your school and the entire region. There is clearly a need for continuing special efforts to increase the underrepresented in nursing.

The Southern Council on Collegiate Education for Nursing established as a priority for the 80s: "Devise ways to increase the number of nurses prepared at the baccalaureate and graduate level, with special emphasis on minorities." To do this, it is suggested that we develop networks so that successful recruitment methods can be shared, and use the findings of the FDN project to increase retention of students.

Two documents that offer food for further thought:

1. The SREB publication "Preparing Students for College: The Need for Quality."

This publication points to the shared responsibility of high schools and colleges in raising the quality of education. College graduation standards have lowered, and high schools have felt less need to prepare students in subjects no longer required for the college degree.

An SREB Task Force on Higher Education and the Schools has recommended that colleges and universities raise admissions standards, and several states are already doing this.

Raising admission requirements can be expected to cause a decline in enrollments; in turn, nursing programs may have even more problems in recruiting sufficient students into the nursing program. Our recruitment efforts may need to focus on counselors, and students before they reach high school, to let students know they need to take math and the sciences if they wish to enter and successfully complete a nursing program.

2. A recent study by the Ford Foundation's Commission on the Higher Education of Minorities also offers some ideas for consideration. (The recommendations were published in the Chronicle of Higher Education, February 3, 1982.) This Commission examined the progress of blacks, Mexican-Americans, Puerto Ricans, and American Indians over the past 15 years. They report that minority group representation in colleges and universities increased substantially between the mid-60s and mid-70s, but few gains have been made since the mid-70s. For example, the share of doctorates awarded to members of all four groups increased from roughly four to six percent in the years 1973 to 1977. Since 1977, the percentage has declined slightly. One of the most important contributing factors to this underrepresentation of minorities in higher education is the higher-than-average attrition rate at undergraduate colleges.

The Commission's recommendations:

1. Institutions should recruit more minority group students.

2. It criticized the use of traditional methods (high-school grades and standardized test scores) to predict a student's performance in college. They recommend a "value-added approach" i.e., to add to the level of education of students in increments, using a series of diagnostic tests and individual instruction.

3. Community colleges, which enroll a large proportion of minority-group students, should work with four-year colleges to increase the number of students who transfer into baccalaureate programs.

4. Secondary schools should make a stronger effort to encourage members of minority groups to enroll in college-preparatory courses.

5. Colleges and universities should improve their tutorial services, basic skills courses, and academic counseling for minority-group students.

The reports that we will hear in the next couple of days may provide additional ideas for actions that individual schools can take. At present, we do not have plans for a regional project to follow FDN, but we shall be alert to your views about the need for continued action on a regional basis. Both SREB and the Nursing Council will continue to serve as vehicles for increasing underrepresented persons in nursing.

EVALUATION IN NURSING EDUCATION

Scarvia B. Anderson
Senior Vice President
Educational Testing Service
Princeton, New Jersey

At the same time that nurses in city hospitals are paid less than bus drivers but clients requiring private-duty nurses round the clock are facing bankruptcy, it is significant that you and SREB are willing to leave the economic problems aside for the moment and focus on the quality of nursing education. For the reason we undertake evaluations of our programs is to gain some information about, and control over, their quality.

It is heartening that your concern is shared by others around the nation. I wouldn't say that there is a mountain of interest in program evaluation in nursing education, but there are certainly a few hills and rises. At the recent annual meeting of the Evaluation Research Society and Evaluation Network (ERS-EN), there were five papers in the area.

One, presented by M. V. Brown of St. Mary's Junior College, Minneapolis, described efforts to evaluate an evening section of their nursing education program. The evening section was initiated "1) to increase enrollment in the nursing program by attracting new student populations, 2) while maintaining program quality, 3) as a response to the decreasing nursing practitioners in the community, and 4) as a means to balance the college budget" (Brown, 1981, p. 3). Data were collected through a variety of means including student information questionnaires, exit interviews, student evaluations of faculty, records of clinical experiences, and measures of student, faculty, and employer satisfaction. The characteristics of the evening students were quite different from the characteristics of the day students--for example, 77 percent of them were older on average, and 47 percent worked over 31 hours a week (Brown, 1981, p. 6). Even so, the sections were found to be generally comparable in terms of such factors as attrition and faculty evaluations. Since successive measures were taken of some of the variables--a kind of monitoring--it was also possible to make some adjustments in the program as the evaluation proceeded. For example, the satisfaction of students in the evening section was initially high; however, in the second quarter as class loads increased, satisfaction appeared to decrease. The dean, program director, and faculty then increased the level of personal support they provided the students (Brown, 1981, p. 6).

Another paper at the ERS-EN meeting described studies of the performance of RN students in flexible and traditional clinical courses at the University of Maryland, Baltimore (Wolfe and Sands, 1981). The flexible program was introduced on the assumption that "RN students with self-directed learning competencies could achieve nursing course clinical objectives in their work setting without the presence of a clinical instructor" (Sands, 1980; cited in Wolfe and Sands, 1981, p. 4). In an initial experimental study in which students were assigned to the flexible or traditional courses on the basis of scores on a measure of self-directed learning, no significant differences were found between the clinical grades of students in the two settings. This finding seemed to hold up over the next three groups of students. However, since the assessments did not take into account differences in grading practices among instructors, another study was undertaken to explore that factor. Substantial differences among instructors were indeed identified, but these differences seemed to affect the flexible and traditional students about the same way. Increasing the reliability and comparability of instructor's ratings then became a goal in its own right.

These two papers illustrate the wide variety of activities that can be carried out in the name of evaluation. What these activities share is that they should all produce information that is useful for making some decisions about the program--whether to have it, whether to try to fix it in some way. So, in planning for evaluation, the first things we want to consider are <u>who</u> wants to know <u>what</u> for <u>what purpose</u>.

My associate, Louisa Coburn, has listed some of the persons and groups who might have a stake or interest in finding out about the Faculty Development in Nursing Education Project. They include:

<u>Managers:</u> SREB project coordinators, federal program monitors, Senate and House budget committees

<u>Providers:</u> nurse-educators, faculty deans, curriculum committees

<u>Consumers:</u> students, secondary school vocational or guidance counselors, patients, medical personnel with whom the graduate will work, other nursing programs

Others: textbook publishers, newspapers, other professional programs

A wide choice indeed, and it is highly unlikely in any one effort or series of efforts that you could provide useful information for all of these groups. So you must choose those that are most relevant and immediate.

What kinds of information might such groups want? Information about the success of the faculty in the project institutions in: a) identifying learning problems and implementing strategies to overcome them, b) presenting instruction appropriate to learning styles of students and knowledge and skill to be applied, and c) respecting diversity and adapting practices that accommodate the needs of nursing students with diverse cultural and educational backgrounds--all would be helpful. Those, after all, are what you say the goals of your project are. But I imagine that you and others want to check on some other things as well. For example: How do the nurse-educators feel about their expanded job responsibilities? Are they a challenge? Or an added burden that makes faculty wonder whether the job is worth it? If so, what can be done to ease that burden? In the press to accommodate a more diverse group of students are you neglecting or enhancing the experiences and opportunities of more traditional students? What are their perceptions? Are you building an environment for students which is so supportive that you are not preparing them to cope with the real world of work?

Evaluation efforts can serve many purposes. If I leave you with only one thought for the day it is this: The definition of program evaluation as "finding out how well an entire program works" is inappropriate in some situations and inadequate in most. Leaving the specifics of your project aside for a few minutes, I'd like to discuss with you the general analysis of program evaluation purposes that Sam Ball and I used in our book on The Profession and Practice of Program Evaluation.

We divided program evaluation purposes into six broad categories:

- To contribute to decisions about program installation;
- To contribute to decisions about program continuation, expansion, or certification (licensing, accreditation, and so on);

- To contribute to decisions about program modification;
- To obtain evidence favoring the program to rally support;
- To obtain evidence against the program to rally opposition;
- To contribute to the understanding of basic processes.

There are other categories--for example, meta evaluation which means evaluating someone else's evaluation. There are also many schemes for describing evaluation purposes. Their inventors call them "models," but that seems far too pretentious a word to describe our simple, commonsense efforts which have the power of neither prediction nor precision. One well known scheme is that first presented by Guba and Stufflebeam and called CIPP. CIPP stands for context-input-process product.

Context evaluation is diagnostic in nature and attempts to discover any discrepancies between program goals and objectives and the program's actual impact.

Input evaluation provides information about the resources that are necessary and available to meet program goals.

Process evaluation provides feedback to program managers so that they can monitor the operations and detect and predict potential programs in implementation.

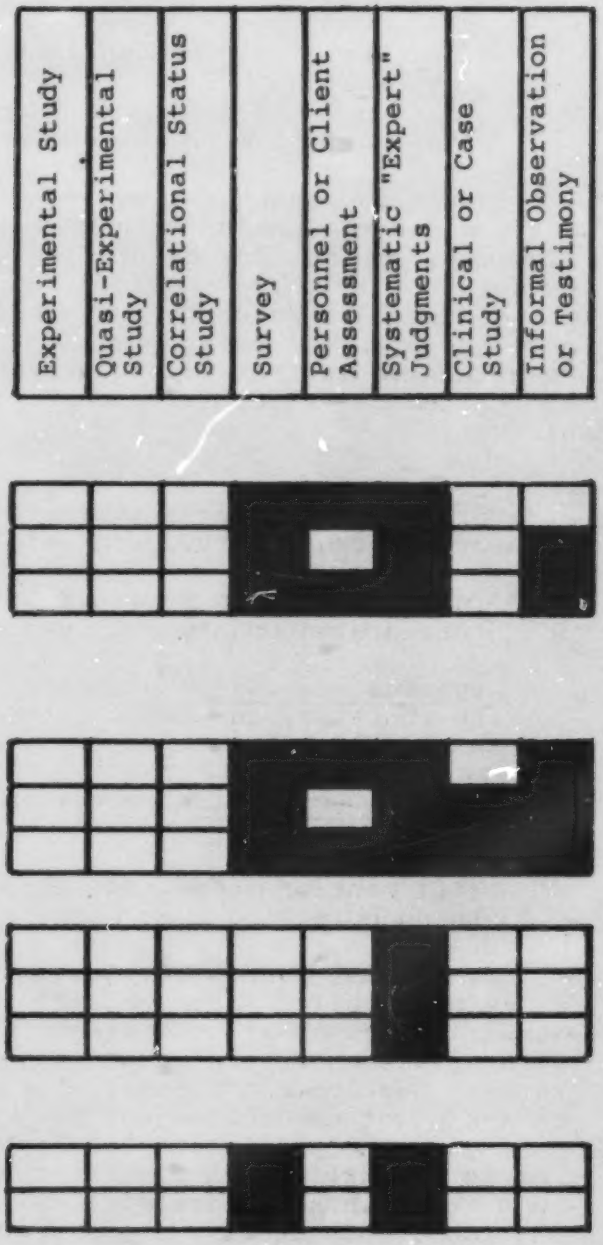
Product evaluation serves to measure and interpret program achievements.

I'll mention these and other names for the same things as I go through Table 1 (see pages 12-17).

The first kind of evaluation is what some program evaluators have called "front-end analysis." It is designed to answer questions about whether to install a program in the first place. You are beyond this stage with the Nursing Faculty Development Project, but it may help you to consider this kind of evaluation before you begin another new program. Last year the Evaluation Research Society's president's prize for an evaluation notable for the use made of the results went to a research associate with Child and Family Services in Hartford. His study was designed to determine the need for an additional master's level social work program in Connecticut,

Table 1. Purposes and General Methods of Program Evaluation

■ = Likely investigation method

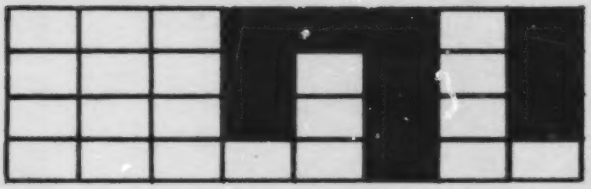


1. To contribute to decisions about program installation
   - A. Need
     1. Frequency
        - a. Individual
        - b. Society
        - c. Other (that is, industrial, professional, governmental)
     2. Intensity
        - a. Individual
        - b. Society
        - c. Other
   - B. Program conception
     1. Appropriateness
     2. Quality
     3. Priority in the face of competing needs
   - C. Estimated cost
     1. Absolute cost
     2. Cost in relation to alternative strategies oriented toward same need

Experimental Study	Quasi-Experimental Study	Correlational Status Study	Survey	Personnel or Client Assessment	Systematic "Expert" Judgments	Clinical or Case Study	Informal Observation or Testimony

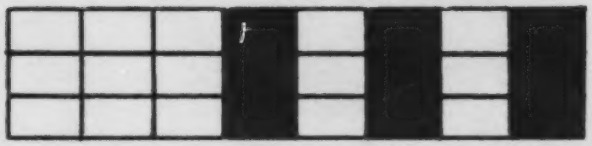
D. Operational feasibility

1. Staff
2. Materials
3. Facilities
4. Schedule



E. Projection of demand and support

1. Popular
2. Political and financial
3. Professional

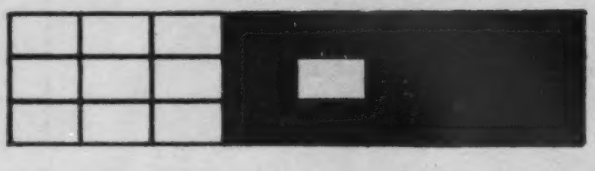


II. To contribute to decisions about program continuation, expansion, or "certification" (licensing, accreditation, and so on)

A. Continuing need

1. Frequency
   a. Individual
   b. Society
   c. Other

2. Intensity
   a. Individual
   b. Society
   c. Other

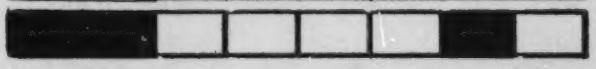


Experimental Study	Quasi-Experimental Study	Correlational Status Study	Survey	Personnel or Client Assessment	Systematic "Expert" Judgments	Clinical or Case Study	Informal Observation or Testimony

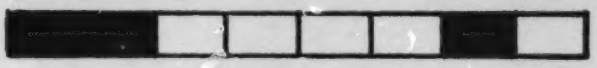
B. Global effectiveness in meeting need

1. Short-term
2. Long-term

C. Minimal negative side effects

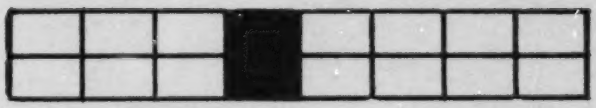


D. Important positive side effects



E. Cost

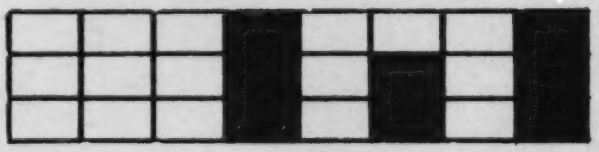
1. Absolute cost
2. Cost in relation to alternative strategies to fill same need



3. Cost in relation to effectiveness

F. Demand and support

1. Popular
2. Political and financial
3. Professional

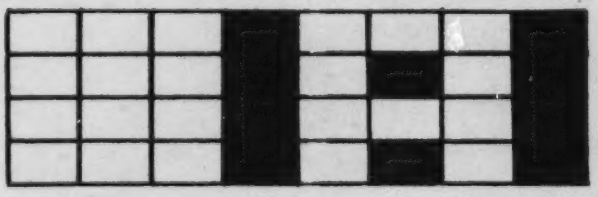


III. To contribute to decisions about program modification

A. Program objectives

1. Validity and utility (in meeting needs)

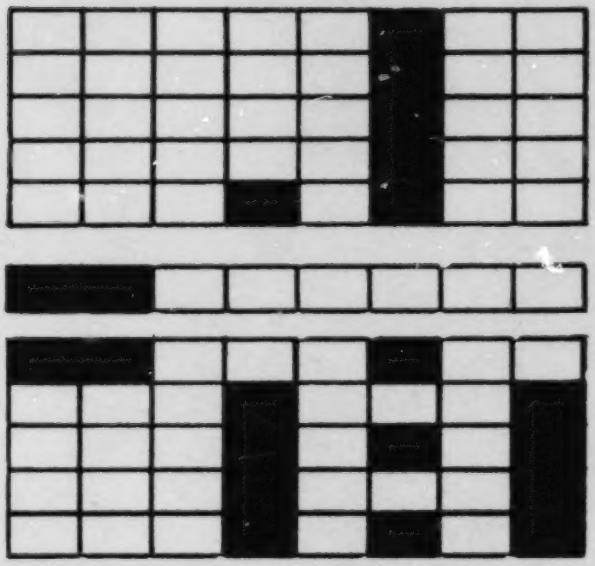
2. Popular acceptance
3. Professional acceptance
4. Client acceptance
5. Staff acceptance



Experimental Study	Quasi-Experimental Study	Correlational Status Study	Survey	Personnel or Client Assessment	Systematic "Expert" Judgments	Clinical or Case Study	Informal Observation or Testimony

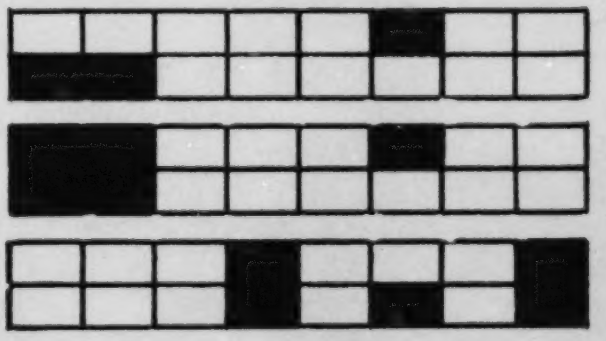
B. Program content

1. Relevance to program objectives
2. Coverage of objectives
3. Technical accuracy
4. Degree of structure
5. Relevance to backgrounds of clients
6. Effectiveness of components
7. Sequence of components
8. Popular acceptance
9. Professional acceptance
10. Client acceptance
11. Staff acceptance



C. Program methodology

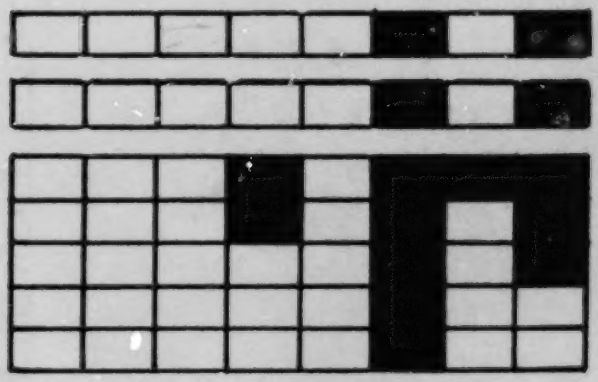
1. Degree of client autonomy
2. Effectiveness of delivery methods
3. Pacing and length
4. Reinforcement system, if any
5. Client acceptance
6. Staff acceptance



Experimental Study	Quasi-Experimental Study	Correlational Status Study	Survey	Personnel or Client Assessment	Systematic "Expert" Judgments	Clinical or Case Study	Informal Observation or Testimony

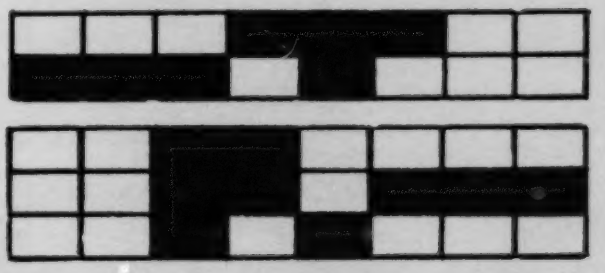
D. Program context

1. Administrative structure, auspices
2. Program administration procedures
3. Staff roles and relationships
4. Public relations efforts
5. Physical facilities and plant
6. Fiscal sources and stability
7. Fiscal administration procedures

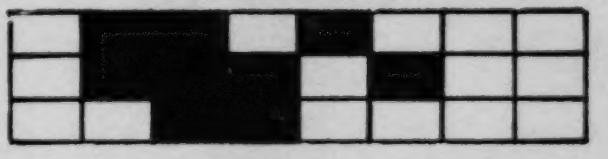


E. Personnel policies and practices

1. Clients
   a. Recruitment
   b. Selection and placement, if any
   c. Evaluation, if any
   d. Discipline, if any
   e. Retention



2. Staff
   a. Selection and placement
   b. In-service training
   c. Evaluation for promotion, guidance, retention, etc.



3. Administrators
   a. Selection
   b. Evaluation for promotion, guidance, retention, etc.

	Experimental Study	Quasi-Experimental Study	Correlational Status Study	Survey	Personnel or Client Assessment	Systematic "Expert" Judgments	Clinical or Case Study	Informal Observation or Testimony
IV. To obtain evidence favoring program to rally support								
A. Popular	■		■	■	■	■	■	■
B. Political and financial	■		■	■	■	■	■	
C. Professional	■					■		
V. To obtain evidence against program to rally opposition								
A. Popular	■		■	■	■	■	■	■
B. Political and financial	■		■	■	■	■	■	
C. Professional	■					■		
VI. To contribute to the understanding of basic processes								
A. Educational	■							
B. Psychological	■					■		
C. Physiological	■					■		
D. Social	■					■		
E. Economic	■					■		
F. Evaluation (methodology)	■							

Table 1 is reproduced in entirety from S.B. Anderson and S. Ball, *The Profession and Practice of Program Evaluation*, Jossey-Bass, Inc., Publishers.

and the results did not support such a need. The results were accepted by the Consortium for Higher Education in Connecticut, and plans for producing more social workers who would then have had difficulty finding employment in the state were effectively thwarted. There was obviously a financial impact as well.

Note that evaluations for Purpose I may include analyses of needs for the program, adequacy of the program conception, estimated costs, operational feasibility, and the likely demand and support for the program if it were installed (a kind of market analysis). Needs can be identified at the level of individuals (these people need better nursing training) or at a societal level (this community needs more nurses). And we need to consider both frequency and intensity of needs. In general, the more people who are presumed to have a need, the more likely it is that public support can be obtained for a program to fill it. However, actions may be taken if the need, although not widespread, is seen as intense or grave. Consider, for example, a community that has an adequate supply of general practice nurses but an acute need for nurses with specialized technical skills to care for critically ill patients.

A second purpose (Purpose II) for program evaluation is to contribute to crucial decisions about continuing a program or eliminating it, expanding it, or cutting it back. This kind of evaluation is also called impact or summative evaluation, and corresponds to the most common definition of evaluation. Note that we are interested not only in whether a program is achieving its stated goals but also in whether it is having any important side effects, either positive or negative. For example, a nursing education program might emphasize technical skills to the detriment of those personal relations skills so important in nursing practice.

Purpose III is to contribute to decisions about program modification. Are the objectives reasonable and acceptable? Is the delivery system working? Sometimes we need to check to see if it is even in place. For example, we might be trying to evaluate the effects of televised instruction only to find out that the TV sets had not been delivered to some of the sites in the study. Are the personnel competent and motivated? Are the clients the program is serving the right clients? This kind of program evaluation is also called process or formative evaluation.

Purposes IV and V recognize the realities of program evaluation. Sometimes evaluations are commissioned by confident program managers who hope thereby to keep the program and their jobs. Sometimes they are commissioned by third parties who want ammunition to help them kill a program.

Purpose VI will be of interest primarily to the social scientists among you. It is possible sometimes to find out something about basic processes within the context of an evaluation effort. For example, in the Nursing Faculty Development Project, it would be a real contribution to education and psychology if you could demonstrate in any systematic and replicable way that certain approaches to nursing education work with students with orientations A, B, and C, while other approaches work better with students with orientations D, E, and F.

Remember our listing of some of the possible audiences for information derived from evaluation studies in the Faculty Development Project? Managers (project coordinators and so on) have a major interest in program effects and cost effectiveness and in the public interests served and stimulated by the project, while the providers (nurse-educators) are probably most interested in what they can find out that will help them improve the program. Students care little about program accountability (except in terms of their fees), but a great deal about the skills they can acquire to get the best job possible when they graduate.

We can spend days planning evaluation efforts at a rather abstract level, but our success in implementing those efforts will rest on our skill in devising and applying appropriate measurement techniques. I must admit I'm challenged by how one could determine whether nurse-educators are improving their skills in identifying learning problems and implementing strategies to overcome them, and whether they are respecting diversity and adapting practices that accommodate to the needs of the target population.

The American Nurses' Association has a social policy statement on nursing (1980). It states that "the 1980s have been identified as a decade of decision in nursing" (p. 2) and goes on to point out that this decade will be one "of increasing regulations with regard to quantity, costs, and quality of health care. Because these elements are inextricably interwoven, increased attention will be concentrated on social and political options in health care. The development of social and political priorities for action will depend on choice among options, based on society's values and its needs" (p. 5). That sounds to me like a clear mandate for program evaluation.

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LEARNING STYLES, TEACHING, AND NURSING EDUCATION

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with contributions by

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The ground of education is ripe for sowing, experimenting, and drawing some conclusions from clearly delineated research studies. I frequently hear that despite how well the teacher prepares for class, there are those students who appear bored, unresponsive, disruptive, and rate the teacher consistently on the failing end of the evaluation scale. Yet, in that same class, there are students who listen, ask or answer questions, take copious notes, and rank the teacher as possessing qualities that Socrates would have envied. After such a class and review of the class evaluation results, what does the teacher do prior to the next class? The answer is apparent and adheres to one of the unwritten commandments of education--"Thou shalt revise every presentation." Having abided by the commandment, the teacher diligently revises strategies, enters the classroom with confidence, and begins to share the coveted pearls of wisdom. After a few minutes of using the different teaching strategies, the former complaining students become docile, add to the discussion, and even open a notebook to jot down an important point. The teacher's feeling of success is short-lived when the previously attentive students alter their behavior. One has resorted to needlepointing, some are passing their class notes back and forth, at least one sub-group has become active, and the most inquisitive student from the last class has eyes rolled heavenward looking for divine guidance.

What is wrong? How can a devoted, conscientious teacher repeatedly be confronted with less than rewarding experiences in the teaching-learning process? It was these very questions that caused the Faculty Development Project Task Force members at our School of Nursing to broach a subject that had received little attention by our faculty--consideration of the cognitive learning styles of students.

Undertaking such a project can reach monumental proportions. First, it is apparent that there are individual differences among students and that the possible variations in learning styles are infinite (Gephart, Strother, and Duckett, 1980). If this assumption is accepted, then it follows that there are certain teaching approaches that are more effective depending on the individual student's learning style.

Throughout the project period. the intent of the Task Force was to provide a mechanism for helping teachers to become sensitive to the fact that students prefer ways of learning, and their preferences should greatly influence the teaching strategies chosen. Our campus workshops, which focused on the elements of cognitive learning styles that teachers should consider as teaching strategies, were selected in an attempt to promote maximal learning. Different learning preferences were explored such as visual, auditory, or tactile; need for structure versus flexibility; large group work versus small group endeavors, or perhaps even work alone; and the students' point on the concrete to abstract continuum (Gephart, Strother, and Duckett, 1980).

To illustrate, it was our goal to acquaint teachers with the elements of cognitive learning styles, including the theoretical and qualitative symbols, cultural determinants, and modalities of inference (Nunney and Hill, 1972). Once this schema of cognitive learning styles was understood, teachers began to adjust teaching strategies to match an array of styles.

Our school is large and it was not feasible during the project period to individually map learning styles and teaching styles. However, the attempt was made to acquaint teachers with those teaching styles that are compatible with specific learning styles. For example, if one of the objectives of a class deals with the injection of the right type insulin, at the right time, in the correct amount, and how the nurse assists the client in adjusting the insulin, several strategies are used. The teacher talks about insulin and peak times for effectiveness, shows these times on a chart or graph, describes the types of insulin syringes, has available several syringes for students to handle, presents a case study about a diabetic client, divides the class into small groups for discussion, encourages the small groups to share their identified nursing interventions with the large group, assists students in selecting group or individual teaching projects, and recommends materials in the Learning Resources Center that.supplements

classroom activities. These strategies, skillfully meshed, do not provide a staged production nor are they time consuming. They do, however, capitalize on students' individual learning styles by providing opportunities to interface with visual, auditory, tactile, group work, individual endeavors, and the concrete to abstract continuum. If the student is not an auditory learner, opportunity is provided for visual learning.

In general, the Task Force rejected the idea of strictly matching learning styles and teaching styles. Our actions stemmed from the belief that despite the students' learning preferences, there should be exposure to a variety of teaching strategies in an effort to help students develop and respond favorably to a wider array of learning styles. For example, despite the fact that students are often visual learners, it is a fact that such qualities as decision making, leadership skills, colleagueship, and interpersonal relationships depend heavily on the spoken word and the ability to listen. To nurture a single learning preference would seem tantamount to abdicating one's role as an educator. Such abdication would stymie the development of autonomy and expansion of learning style essential to the advancement of the nursing profession (Hunt, 1979).

The Faculty Development in Nursing Project has resulted in success chiefly because of our human and technical resources. The teachers have been receptive to the tenets underlying learning styles. In accord with the assumptions made by Hunt (1981), the teachers listened and discussed learning styles, the methods of assessing individual learning styles, and selection of strategies compatible with the learning styles. After this planned process through the campus workshops, some teachers were heard to comment, "I've been doing that for years, but I didn't know there was a theory to it" (Hunt, 1981, p. 647). In an informal manner they have experimented with translating the learning style descriptions into teacher actions.

Essential to responding to the students' learning styles is the support services of the Learning Resources Center (LRC) that is directed by Dr. Kathleen Mikan and staffed by the most thoughtful, courteous, and helpful staff imaginable. A brief description of the LRC will provide evidence that our teachers have the supportive services necessary for selecting teaching strategies compatible with learning styles. The following description was supplied by Dr. Mikan.

The LRC is a specially designated area in the University of Alabama School of Nursing building which is equipped and staffed to provide a variety of instructional support services. These services are made available to the School of Nursing's nearly 1,000 students, faculty, and staff who are involved with the School of Nursing's three major educational programs--baccalaureate, masters, and doctorate.

The LRC is a modern, attractive, bi-level facility which contains over 9,000 square feet. The facility is conducive to to study and contains graduate and undergraduate study areas, seminar rooms, individual study rooms, and over 160 individual study carrels in different areas. Different parts of the Center are used for different types of learning. For example, the seminar rooms can be used for groups planning activities or for a group of students to view a videotape, a movie, or a slide tape unit. The individual study rooms, equipped with typewriters, can be used for typing, calculating research data, or rehearsing an oral presentation. The rooms in the Center are available to students and faculty on a demand basis.

The purpose of the LRC is to provide faculty and students access to a greater variety of learning resources than those traditionally provided by the book collections in libraries. The LRC provides a depository and retrieval system for all types of AV equipment and materials, both print and non-print. Presently, the collection consists of over 2,500 different titles including audiotapes, videotapes, slide-tape units, reference materials, journals, reprints, theses, and research papers.

Additional resources that are specific to the nursing education program are also made available through the LRC. These include such things as growth and development kits, blood pressure cuffs, otoscopes, opthalmoscopes, stethescopes, percussion hammers, anatomical models, simulators, and other clinical supplies that students need when they are learning nursing. Students are allowed to check out from the LRC audio tape recorders for purposes of recording their home visits or for completing process recordings with patients.

One of the unique features of the LRC is its modern closed-circuit television system. This system is designated to (1) allow the simultaneous transmission of thirty different programs to any or all of sixty receiving sites within the School of Nursing building, and (2) allow individual viewers the opportunity to select the specific video or audio program they want.

Within the LRC alone, over 40 sites (primarily individual study carrels) are equipped with a television receiver, head phones, and a closed-circuit telephone. To use the system, a student calls an operator on the telephone, requests the video program desired, dials one of the 30 channels available, and views the program on the TV receiver in the carrel. In addition to having the capabilities of sending a TV-audio signal to individual study carrels and the several seminar rooms within the LRC, the system is also capable of transmitting a TV-audio signal to all conference, seminar, laboratories, and classrooms (N=18) within the entire School of Nursing building. There is a television-audio outlet and telephone in each of the classrooms. Thus, faculty members can use the closed circuit TV system for showing videotapes during class times.

Since its opening in 1974, the LRC has undergone major expansion in its resources and services. As the faculty became aware of the potential uses of the LRC as an instructional support service, additional services have been requested and subsequently provided by the LRC staff.

The types of services provided by the LRC staff currently include:

1. Distribution of instructional materials and equipment per requests of School of Nursing faculty and students;

2. Coordination of all audio-visual preview, rental and/or purchase requests for use by School of Nursing faculty, students and staff;

3. Storage of School of Nursing owned AV-TV equipment and other learning materials;

4. Delivery and set up of AV-TV equipment for use in classrooms in the School of Nursing building;

5. Formal and informal inservice programs for graduate students and faculty to improve usage of AV materials and equipment;

6. Consultation services for graduate students, faculty, and administration concerning the best resources and teaching strategies available;

7. *Local production faciltiies (overhead transparencies, videotapes, slides and audiotapes) to supplement commercially produced materials;*

8. *A place where new or experimental types of instructional materials may be developed, produced, and evaluated for possible future curriculum use or adoption.*

Additional media services which are available through and coordinated by the LRC include the following (i.e., other on-campus facilities assisted in helping to provide these services):

1. *Instructional development services;*
2. *Production facilities for selected AV-TV materials;*
3. *AV-TV repair and maintenance.*

The major service being rendered by the LRC staff currently is fulfilling faculty, students, and other staff members' requests for audio-visual materials and equipment. The use of learning materials for independent study by students has increased significantly since the LRC has opened. During the academic year 1979-1980, the LRC staff distributed over 1,500 items per week to the LRC users. This provides evidence that the LRC is truly an integral part of the School of Nursing's curriculum and student learning.

The LRC has developed into one of the finest facilities in the nation. It received national recognition during a conference on "LRC in Schools of Nursing," which was held in December, 1978. The School of Nursing is proud of the accomplishments and instructional support of its LRC.

The major purpose of the LRC is to provide faculty and students access to a greater variety of learning resources than those traditionally provided by the book collections of libraries. The LRC provides a depository and retrieval system for a variety of AV equipment and materials, both print and non-print, that support specifically the nursing educational programs. Multiple audio-visual materials and equipment are centrally located, administered, and circulated from and within the Center. The trained personnel in the Center are responsible for facilitating the proper integration of media development and utilization within the nursing curriculum.

The learning opportunities provided in the LRC are an integral part of the School of Nursing's curriculum and add flexibility and variety to the total teaching-learning process.

Although the current use of the LRC focuses on augmenting the instructional components of the curriculum, the potential exists for expanding the resources and services of the LRC to include evaluation of student progress, computer-assisted instruction, and research services. These additional services will be added as money, equipment, and personnel become available.

Throughout the five-year FDN Project, the Task Force strongly contends that efforts directed toward understanding cognitive learning styles have increased teacher sensitivity to considering learning styles and selecting teaching strategies. The nature of the curriculum schema at our school, however, makes study of retention and attrition difficult. This difficulty is far outweighed by the advantages of our flexible schedule. In the School of Nursing, every nursing course is taught each quarter. Additionally, there is provision for students to withdraw from a course without punitive measures when personal problems or simply the pace of the course are interfering with success. From a record-keeping standpoint, it is difficult to label "attrition" because students may decide to remain out of the school for one or several quarters. They may return at any point and resume their studies. This arrangement removes barriers to students' progress and permits students to undertake the program of studies at their own pace. Most students complete the entire program in 12 to 16 quarters, while some students "grow old" with us.

The only hard data available from the FDN Project are those data resulting from a descriptive, longitudinal study begun in fall, 1978. Data analysis and conclusions of the study will be completed in the future and the findings disseminated.

In summary, the FDN Project has enabled our teachers to consider cognitive learning styles of students and to select teaching strategies appropriate to those styles. Several teachers have indicated an interest in matching teaching and learning styles, and at least one plans to focus on this phenomenon in her doctoral dissertation. We fully recognize that the concept of learning style is difficult to research; however, we as a faculty hope to contribute to the literature and add data that will enhance the transformation of theory in practice.

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THE APPALACHIAN STUDENT: RETENTION RATE AND PREDICTORS OF SUCCESS IN LINCOLN MEMORIAL UNIVERSITY'S A.D. NURSING PROGRAM

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Established in the late 1800's as a memorial to the nation's 16th president, Lincoln Memorial University is a small, private, four-year university located in Central Appalachia. It serves the tri-state areas of Tennessee, Kentucky, and Virginia. The service area encompasses a radius of approximately 100 miles. The Associate Degree nursing program was established in 1974 and has graduated six classes.

A major concern of the nursing faculty has been the increasingly high attrition rate for first time, first quarter admissions--from a low of 37.5 percent with the first class to a high of 90 percent for the class of 1981. Withdrawal, for whatever reason, and academic failure represent a tremendous waste of human resources in terms of lost opportunity for the student, investment of faculty time, and financial loss to the individual and the university. During evaluation of a faculty workshop in the spring of 1980, the staff concluded that although a given class started as a heterogeneous group, they had become a homogenous group by graduation. As a result, a study was initiated to determine what traits the successful individuals had in common and whether knowledge of these characteristics could be used in counseling students already in the program or for selection of applicants. We also wanted to determine what common quality nurse faculty members might be contributing to the success rate.

From the outset we identified two intrinsic factors we believed to be affecting retention: (1) the university's open door admission policy which permits any student to enroll in any program the university has to offer, and (2) gradual raising of grading standards in the nursing program to control exit based on graduates' performance on the State Board Test Pool Examinations. The increasing frequency of predictive studies in the literature made us aware of the many of our colleagues who were also searching for that magic list of "Characteristics of the Successful Student in Nursing."

Our study was conducted by Dr. Charles R. Comeaux, Counseling Psychologist, Chairperson, and Professor of Education at Lincoln Memorial University. Three vocational and psychological instruments--the Strong Vocational Interest Blank, the Personality Orientation Inventory, and the Brown-Holtzman Survey of Study Habits and Attitudes--were chosen and administered to the two classes enrolled at the time (classes of 1981 and 1982), the nurse faculty members, and graduates from the classes of 1979 and 1980.

Before the faculty could appreciate test data and implications for counseling and retention, we needed more awareness of our region and our student population. According to the 1980 Appalachian Regional Commission Report (Appalachian Regional Commission Report, 1980), the 17 Central Appalachian counties served by the university are 90 percent rural and enjoyed an average 23 percent population growth for the period 1970-80. This population growth is twice that of Appalachia in general and the area is predicted to have a 15 - 20 percent population growth by 1990. Personal income per capita was 52 - 71 percent of the national average. Numbers of non-federal physicians still rank one-third below the national average. The population's median educational level is less than four years of high school. The political climate is conservative and day-by-day decisions are made accordingly.

These excerpts, summarized from a report by Dr. Comeaux, reveal insights drawn from his own, on-going research into the cultural, environmental, intellectual, and psychological traits of the Appalachian student:

> The Appalachian student displays a status quo orientation. They are cautious, aloof, and slow to change with a tendency to stocism.
>
> Rural Appalachian people speak slowly and are comfortable with long silences. They often speak in a flat, emotionless monotone without benefit of gesture or expression. When confronted with verbal aggression they often resort to physical or psychological withdrawal. A great deal of physical violence in the area is attributed to frustration born of the inability to verbalize feelings.
>
> Many in Appalachia feel they have little control over their life. There is a strong sense of powerlessness against overwhelming odds; a resignation to life and death as it happens with little incentive to work toward change. Women in particular feel subservient, are battered, and age quickly.

Families are largely partriarchal where women are taught to serve men. Generally women consider themselves inferior and live out their lives in the role of wife and mother--catering to their husbands and raising their children. If a wife feels anger, she is taught to hide it; openness in general is not seen.

Appalachian students are of normal intelligence and creativity. What is found, however, is that there are students of Appalachia whose social and cultural orientation and isolation frequently limit their abiltiy to respond to standardized, culturally contaminated tests. Their limited vocabulary is a detriment.

Appalachian students seem more present oriented and less future oriented; more oriented towards immediate gratification and less inclined to plan ahead and save for the future.

Appalachian parents view education from three viewpoints. The "Better Group" see the acquisition of formal education as a desirable goal. Securing as much education as possible is related to being respectable, decent people. The "Get By Group" doesn't have a strong motivation for education except as an occupational or financial goal. Education is related solely to a job. Finally, the "Sorry Group" views education indifferently, contemptuously: "I don't have any and my kids don't need any."

The division of labor in the Appalachian home presents few problems because not only men but women accept the traditional segregation of masculine and feminine tasks. There is little evidence of status frustration among these women; homemaking is a respected role. Women are very dependent upon men; life is not fulfilled for the Appalachian woman unless she has a man, and she will put up with much physical, mental, and emotional abuse from "her man." Women also suffer abuse from the system. In cases of divorce, the lawyer and courts usually side with the man.

Visiting with relatives is informal and meals away from home are usually with the couple's parents at their home. Life is more restricted by isolation. There are few books and newspapers to be read. The "Dukes of Hazzard" is probably the most popular television show.

The majority of men and women believe that the woman's place is in the home, but many women are moving into the work force for economic reasons. Work is imperative for those women who are divorced and have children.

Many students in our nursing program are in school for the occupational reason, and not for any intrinsic personal growth or altruistic reason.

The LMU student in nursing is largely female (12 men to 167 women at the time of this study); 24 percent are divorced or separated; and the average age is 27 years. Most are Caucasians but approximately 10 percent have Indian ancestors (Comeaux, 1981).

A summary of our test data indicated two main reasons for student drop out: inability to read and poor study habits. These same findings were consistent with the literature we reviewed. Haney, Mitchell, and Martois (1976, 1977) found that ACT Social Science Reading Scores and the California Achievement Test Reading Vocabulary and Reading Comprehension scores were valid predictors of success for the student entering nursing. Seither (1980) also found the ACT Social Science Reading Score to be predictive. Ferguson (1979) concluded that reading skills for the nursing student need to be near the 12th grade level for success. Yess (1980) found that the single most important predictor of success in nursing education in community colleges was the SATM score. It is theorized that the mental processes used in math are the same ones the student would use to analyze and apply the nursing process. Weinstein, Brown, and Wahlstrom (1980) found that the number of pure and applied science courses a student completed was the best predictor of success. Average high school English grades and math test scores were good predictors, but accounted for only a small part of what distinguished a successful from an unsuccessful student. However, formalizing admission requirements for average grade and number of courses required in these areas should make a substantial impact upon attrition.

Other factors in our study were not statistically significant. On the Personality Orientation Inventory, LMU students fell within the adult norms scoring the same as the standard group on Valuing, slightly higher in Feeling, Self-Perception (Self-Regard), and Interpersonal Sensitivity while being slightly lower in Self-Perception (Self-Acceptance) and Synergistic Awareness. The Strong Vocational Interest Blank added little predictive validity. Faculty influence was seen most in the areas of academic orientation, study habits, and study attitudes.

Outcomes of the study and the implications for counseling and retention of our Appalachian students focused on the following points:

1. the majority are first generation college and need encouragement to pursue their education;

2. they are not very verbal and need help to develop their verbal and communication skills;

3. they have a sense of powerlessness over their lives and need help in seeing that they do have control over their existence;

4. the role of women in the area is still very traditional--they cannot distinguish between assertive and aggressive behavior so they assume a passive role;

5. survival, not intrinsic, personal growth, is the primary motivation for women to work outside the home; and

6. they must be able to read at the twelfth grade level to be successful in the nursing program.

Recommendations from Dr. Comeaux and the faculty's own continued evaluation and insights have resulted in action aimed at increasing the retention rate. We now use more positive reinforcement and feedback. We try to be alert to feeling tones and counsel students before their problems become unmanageable. Conferences are scheduled with students who are not doing well academically or whose clinical performance slips in order to assist them before they become discouraged and drop out. We are fortunate to have on our staff Sally Helton, who is prepared in psychiatric nursing and ANA certified as a Clinical Specialist in Adult Psychiatric Nursing. She conducts regular counseling sessions and assists other faculty who have less expertise in counseling.

Through small group discussions and role play, we are attempting to teach students the difference between assertive and aggressive behavior. We hope to assist our students to assume a more assertive role.

The Basic Studies Division now tests all students registering for English 111 for reading comprehension and vocabulary. The Nursing Division is recommending to our University

Council and the Admissions Committee that applicants be pre-tested and show evidence of being able to read at the twelfth grade level prior to being admitted to the nursing major. We have also recommended that a course in How to Study be taught as a part of the university orientation. At the present time freshmen students are referred to the Basic Studies Lab for assistance with study skills.

We have checked all nursing textbooks for reading levels (the Basic Studies Division uses the Fry Graph for Estimating Readability), and are attempting to select textbooks with greater ease of readability. In addition, we had our teacher-made tests analyzed and found that most were written at the 16+ grade level. We are in the process of rewriting examinations, attempting to test the same concepts but at a lower reading level.

At our school, we have not had success with peer tutoring. Faculty at the second-year level conduct regular weekly tutoring sessions and require those students with low grades to attend. We concentrate on both study skills and course content.

One additional recommendation from Dr. Comeaux which we have overlooked to this time is to consider a medical terminology class to help build vocabulary. We plan to write this into our existing courses for implementation during the next academic year.

While we have not solved all our problems, we have enjoyed some measure of success. It is interesting to note that for the class of 1982, the attrition rate for first time admissions now stands at 63.7 percent. However, only one percent of that has occurred since June 1981 when we began implementing results of this study.

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WHERE FROM HERE

Perspectives of a Nurse

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At the final meeting of the Advisory Committee of the SREB-FDN Project, there was a review of where we were five years ago and the progress that has been made in reference to cultural diversity in the project schools. It is clear that progress cannot stop because the project is coming to an end.

The ultimate aim of the SREB-FDN Project has been to increase retention and graduation of students whose cultural and educational backgrounds were different from the majority of faculty and students in the nursing program. The goal was a lofty one, as opportunity for some learning in a college has become one of the passions of the whole population. As noted by Lenhart, "The once comfortably familiar, all-generic student population is passing into extinction" (1980), and for many of us it was about time. The consumers of health care have never been all-generic, but rather a multi-ethnic, multi-aged group, and there is evidence that many of their needs have been overlooked.

Verbally, nurse educators espouse that human and cultural diversity are important factors deserving our increased sensitivity and awareness. None of us would hesitate to say our students should be served regardless of age, creed, ethnic origin, marital status, race, or sex. However, there is a wide gap between creed and deed. Minorities are grossly underrepresented in nursing programs, and as a result, the registered nurse corp remains predominately white (95 percent [Buckley, 1980]) and female.

The SREB-FDN Project has been one effort to confront this important issue. The project has enabled faculties to describe these so called "new students", identify their learning problems, consider alternative teaching styles, and to recognize, respect, and adapt to cultural differences. The project schools were able to crystallize their objectives, formulate a plan, and zero their energies into the results you have heard. Progress of a different nature occurred at other sites. All are willing to share their successes and failures and are to be commended. They are models for all of us.

Now that the project is coming to an end, it is germane to ask: "Where do we go from here?" This question looks to whether needs of the culturally diverse student is a continuing issue for faculty development and, if so, how might the needs be addressed. We would each do well to examine our settings to determine bottom-line successes with recruitment, retention, and graduation of the culturally diverse. Are you satisfied with the process in your schools?

If improvement in an increase of minorities in the profession is to occur, we must assume the responsibility to attend to the point of entry: the nursing program. The culturally diverse student can benefit from education and the institution can benefit from student enrollment and creativity. As nurse educators and as tax-payers whose dollars support programs producing only small numbers of minority nurses, we must face up to the fact that our own skills may be effective in monocultural situations, but to cope with the diverse students our skills continue to need some serious, aggressive attention.

Faculty commitment can reduce the gap between creed and deed, when a faculty perceives itself as being capable of making a difference. Each plan of action began in painful faculty examination of collective willingness--to commitment--to the culturally diverse student, and the degree to which words would be put into action.

For those who find that collective faculty commitment may not occur, let me recommend a book written by Eula Aiken and John J. Stathos, The Different Student. This is a how-to book for faculty to use privately to examine one's own attitudes and behaviors while avoiding being caught up in the biases of others.

Also emerging from each presentation was another theme which directs where we should go from here. Yesterday, Jim Hammons asked for a show of hands of those who'd had courses in instructional design. Few hands were raised. This morning Wanda Thomas also referred to our frequent lack of skills as it relates to evaluation methods. Such circumstances indicate that regional universities should be urged to evaluate formal preparation for teaching.

It is a disturbing but confirmed fact that too few nurse educators come for employment prepared for the job of teaching. I believe we are to be commended for being self-taught and for being resourceful about teaching each other on-the-job. Our

graduate schools have had to prepare clinicians and researchers because the profession had much catching up to do. However, as a result of that focus, only limited opportunity to practice the craft of teaching and to learn alternative teaching strategies, particularly as the strategies relate to the culturally diverse student, have been available. Further, the practitioner whose goals while in graduate school did not include teaching, frequently gravitates to teaching once out in the world.

We have asked ourselves are we both willing and professionally equipped to teach, particularly with students whose abilities range from brilliantly competent to luke-warm readiness?

If this situation exists in your regional universities, we can begin to urge inclusion of educational courses and practice teaching for the education-bound graduate student. These courses must be open to practitioners whose goals have changed from practice to education. This is not a case for elimination of the MSN, only that it include more flexibility.

Further, in our graduate schools, we can promote transcultural courses as electives. Dr. Madeline Leinenger reports that though some courses in transcultural nursing are making their way in baccalaureate, graduate, and a few associate degree curricula, we still have too few faculty to develop, teach, and translate the use of transcultural knowledge into improved client care (1978).

Most importantly in planning, we can and should cultivate and attract minorities into teaching, as complex as this issue is. In my own institution, where I am the culturally diverse faculty, white colleagues have occassionally brought problems to me they are experiencing with black students. I certainly cannot give direction in every instance, but I do know a little more about being black than they do and can give some perspective on the dilemmas faced by the black student. It takes only their willingness to make use of me as a resource.

If minority faculty are not to be found or no openings presently exist, we can look to our own student group and begin cultivating that black student now in readiness for the future --if not for your own institution then for some other, if not for the present time then for the future. In spite of the numbers who are present for this seminar, the minority educator is all too rare.

With or without openings for minority faculty, we can keep a constant look at the threads of bicultural content in the existing curriculum. It is so easy to overlook the need to assist students to become bicultural. Occassional lectures on how to collect socio-economic data is not enough. In care plans of students, we should expect assessment of cultural factors beyond superficial impressions. Care plans should pointedly direct students to respect and make use of a cultural assessment to improve the health care we provide. We as teachers are responsible to model and direct students to acquire cultural expertise for assuring culturally appropriate actions for humanistic care.

Just as an aside, if nursing textbooks do not adequately portray cultural groups and do not give students the direction to assess cultural factors, we should feel some obligation to supplement the text or refuse to use the book.

Finally, to focus on making nursing a more pluralistic profession, we can direct dollars for applied research. Research by and concerning the culturally diverse nurse and more specifically, the context of the culturally diverse relationship between the nurse-client, is rare. Dollars for research will get fewer but research for changes to positively affect client care should be a priority. Can we not make a case that transcultural knowledge, if properly applied, can positively affect health care delivery?

I have offered several possibilities on where we might go from here with faculty development as a means to recruit, retain, and graduate students of diverse backgrounds in our schools of nursing. They include:

1. examining ourselves for commitment to the success of the culturally diverse students,

2. evaluating teacher preparation at regional universities with the goal to strengthen strategies for education-bound graduates,

3. cultivating and recruiting culturally diverse faculty, and teaching students meaningful application of transcultural knowledge to client care, and

4. giving priority to research by and concerning the culturally diverse nurse and the nurse-client relationship.

Lenhart, in an article on faculty burn-out, describes that where faculty once could teach a relatively homogeneous group, they are now called upon to teach RNs returning for the baccalaureate, transfers, mid-life career changers, first-time adult learners, men, and on and on--all kinds of students. She states that teaching this broad spectrum of students is demanding and exhausting and that not all faculty, despite the best intentions, can accommodate (1980). In short, she sees the culturally diverse student as putting such a drain on faculty energy that burn-out is the result and standards suffer.

Her view, to me, is an example of "blaming the victim" for our lack of skills. The student is seen as the problem rather than as the victim. William Moore, in Against the Odds, points out that the community college cannot shirk its responsibility to educate certain segments because that segment is more difficult to educate. Universities today are no less accountable. It is naive to expect a return to an all-generic, homogeneous student group as a means to solve our problems of burn-out, or eliminate our need to improve our skills to teach that segment which is more difficult to teach.

The American Psychological Association at its Vail Conference came forth with the following recommendations for their practitioners:

> That the provision of professional services of persons of culturally diverse backgrounds [while] not competent in understanding and providing professional services for such groups shall be considered unethical. It shall be unethical to deny such persons professional services because the present staff is inadequately prepared. It shall therefore be the obligation of all service agencies to employ conpetent persons or to provide continuing education for the present staff to meet the service needs of the culturally diverse population it serves (Sue, 1981, pg. vii).

We in nursing education have not been so bold, but imagine if we dared to recommend that it would be considered unethical to teach culturally diverse students with an inadequately prepared faculty, and that the service agency--namely the program of nursing, shall be obligated to provide continuing education for the faculty to meet the service needs of the culturally diverse population it serves? Imagine if it would be considered unethical for hospitals to serve the culturally diverse clientele without a staff competent in applying transcultural knowledge to client care?

Short of such courage, to the degree the SREB-FDN Project has aroused the interest of a few of you to pursue knowledge and strategies aimed at success for the culturally diverse student, to that degree the project will have been a success.

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FACULTY DEVELOPMENT IN NURSING EDUCATION PROJECT'S IMPACT ON ONE ASSOCIATE DEGREE NURSING PROGRAM

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In 1975 we were a pretty typical urban-campused AD Nursing Program--two years old, still working out the snarls, and settling down to take a look at ourselves and our students. We accepted SREB'S offer to help us do that and it made all the difference; it was pretty scarey--not that unique, but revealing.

We thought our faculty was a nice blend, culturally speaking: a third from rural backgrounds, a third from suburbia, and a third from the city. We were 61 percent Southern but only 39 percent Virginian, 17 percent Northeastern, and 17 percent Midwestern. We were 26 to 60 years old. We thought we just about covered the bases in diversity. Of course we were also 100 percent female and 94 percent white, but we couldn't change those things, so they didn't count--we thought.

Then we looked at our students. They were 83 percent inner-city urban and suburban from Richmond, Virginia and most had never lived anywhere else. The other 16 percent were boondocks rural from our 15 counties of the "Northern Neck," and they have never been anywhere--not even to Richmond. They were 18 years old, all right-- and 28 and 38 and 48. (When we studied pediatrics, they'd already been practicing for 15 years on the kids at home.) There were men in those classes. (The biggest educational crisis of the first quarter was "What do we do when we teach baths?") Every third student was black--from black inner-city ghetto or rural poverty. They spoke dialects and they wrote dialects. We suddenly realized that for many of us, we could barely communicate, much less appreciate, understand, or use the student's cultural strengths as building blocks for learning.

There was a temptation to want to change the student population back to what we were comfortable with--18-year old white female suburbanites. But SREB said "Faculty Development," and our college was committed to serve its real community, all of it, and we were, too. So we buckled down to see what skills we needed to learn and how we needed to change ourselves and our curriculum without letting go of our standards, our professionalism, or our commitment to quality.

So we rushed right out and made a mistake--we tried to become all things to all people all at once. We immediately tried to adapt everything we were doing to the needs of 20-year old college co-eds, 30-year old family men, and 40-year old working mothers. The result was frustration for us and confusion for the students. They must have thought us the strangest people in the world, straining to put everyone into the right categories, while they were straining to figure out what each group required that was totally different but somehow the same.

Weary from the strain of trying to watch every group at once, we agreed to focus on the largest group with the greatest diversity from us. Which one was it?

The success rate of our rural students was not bad at all--and we set up some programs to assist their transition from the first year on their home campus to the second year in the big city, but that wasn't the big problem. The age factor wasn't really so bad, either; at least, all the older students had been 20 once-upon-a-time, and many of us had commonality of experience with older students. We agreed not to forget their many family pressures and their need for flexibility in their program, but that wasn't the big problem, either. And though we had male students in every class, only 10 percent of the student population was male and they didn't seem to be having serious problems--just some minor thing from time to time like which dressing room to use at the hospital. So we made sure that we had male counselors available, and clear lines of communication open, but the group wasn't large enough to be the problem.

You would have thought that we would have recognized it immediately--the black-white cultural diversity. Maybe we didn't want to see it. "We are color-blind!" we used to proclaim. Sure we were: when you look at a class and only see amorphous blobs loosely classified as "students", they can be anything and you won't know it. But when you really look at your students as individual people, you come face-to-face with their ethnicity, their culture, their learning styles, their value systems, their language dimensions, their ages, and their whole persons.

So we took a baby step toward becoming practitioners of holistic education in nursing by saying: What are the barriers to learning that our students are experiencing and how can we

change to alleviate these frustrations and eliminate these barriers? At this point we realized that SREB had done us a big favor. It had been a real facilitator to our learning. Because SREB stood behind us, we had collected data. Even better, we had had to look at it, analyze it, and make decisions based on it. At the same time, we were growing--taking on new faculty and new students, developing policies and procedures, becoming NLN accredited for the first time, and always, always working and reworking the curriculum.

Our first area of attack was learning differences. Were there really significant differences in cognitive styles? We didn't know. We thought there must be, but we didn't know what they were or what they meant in terms of what we needed to do. Naturally, we did the obvious thing--we got an expert and we had two workshops on cognitive mapping. We mapped ourselves and discovered there was a wide range in cognitive styles among us: that we taught predominately in the modes that suited our learning styles; that most of us were visual learners, readers and writers, rather than auditory learners; our students weren't great readers, by and large, we had guessed that but we taught them as though they were; and, as nurses, we have a funny learning "kink"--we are olfactory learners--smelly people--a trait that is not highly developed in most other groups, but one our students would have to develop. We weren't alike at all--not as learners and not as teachers. We had tried ourselves and found us guilty of the cardinal sin of presumption; we taught as though the world was made in the image of us!

So, filled with wonder at our diversity, we reviewed the kinds of learning experiences we were providing every student on a weekly basis. We noted the variety of styles and began to really work on planning for and maintaining a variety of experiences; not just lecture, discussion, and reading, but also large group, small group, auto-tutorial, and more "hands-on" in the lab and in the clinical areas. At this point, we thought about doing cognitive mapping on our students, but it was prohibitive in time, personnel, and money. And we knew we needed to provide for as many kinds of learning styles as we could, whatever we found out about our students. So we contented ourselves with new resolve to diversify within our methodologies and wrote those experiences into the curriculum. Cognitive style mapping showed us that we were visual learners, heavily dependent upon good academic reading skills. But our students weren't readers, especially our black urban students, and in our study of cognitive mapping we had found that blacks are more likely to be auditory learners.

So we had a workshop on reading skills. Whatever our students' reading levels were, we knew that the only test scores we had were the verbal ability scores on the NLN Pre-Nursing Test. But we set up an identification procedure with those scores and made arrangements to send those students to the college's Remedial Reading Center. We went to the Reading Center ourselves and we found a reading specialist who has since become a specialist in teaching reading in the content area of nursing. And we added reading to our new list of things to work on.

Having looked at ourselves, we wanted to look at the black urban culture so many of our students lived in, something only one of us knew first-hand. It was an eye opener. We looked at values and our feelings about them. (Facing your own feelings about someone else's values can be sensitive, especially when it's done in the company of your peers.) We looked at cultural attitudes and compared them with the professional attitudes our students would need. We looked at socioeconomic levels among urban blacks and found that to be the single most influential impact on success. We realized that making a successful journey in life requires knowing where you're coming from as well as where you're going to and that's true for the student, the faculty, the program, and the college. We had become so accustomed to writing all our behavioral objectives in the cognitive demain, that we hadn't use for androgogical skills to address the affective domain at all. We ended our first three-year phase with new understandings, new methodologies, new resources, and more new questions than we had ever dreamed of.

We started the second phase of our project with a look at the project itself. We had started under the direction of a multi-disciplinary task force. On it were colleagues from other academic divisions and folks from staff support services. It had great width and breadth and great stature, but it was an unwieldy head to have. We learned that few of our fellow faculty members in other disciplines had much familiarity with curriculum design or varied methodology, much less an understanding of our content and clinical teaching. We spent a lot of time explaining what we were doing and why. It was probably good for us, but it took a lot of time. On the other hand, we'd created better inter-disciplinary understandings and developed some really useful resources. For the second phase we wanted to retain the good contacts and get more nursing-oriented people to guide us. So we created a new task force to direct Phase Two, with all nursing faculty on it, and set up our network of "consultants" to the task force; that worked better.

Thanks to SREB, we weren't the same, and we knew it. We were aware of differences among ourselves and among our students. We had become more committed to having successful students than to having a model program. We had come to see that our strongest asset was our diversity--it gave us breadth, flexibility, and real capacity to tackle new challenges. In Phase Two, we've been digging into the hands-on task of creating specific methodologies and materials, and modifying the program to remove barriers to learning and to build on our diverse strengths.

-- We're working on student-directed activities and adult learning strategies.

-- We have developed a strong faculty committee structure with standing committees on Research and Faculty Development.

-- We are working on writing affective domain objectives into our curriculum design.

-- We've isolated some non-academic loci of frustration for students.

-- We are in our second year of a highly successful student peer-counseling program.

-- We've built into our satellite programs an orientation program to help our rural students commute easily from their home campuses to the big city in their second year.

-- We've started a volunteer corps of retired business-women to help us move our mountains of clerical work and to keep a kindly and non-harassed atmosphere in the department. (One retired editor, for example, helps us to eliminate typo errors from our hand-outs to students--a small matter, but one that contributes to a lot of frustration for students.)

-- And we have learned, in a tax-supported program, community public relations is a must.

A wonderful opportunity arrived in the middle of the project: we moved from the top floor of a furniture warehouse into our brand-new, multi-million dollar downtown campus building. We had the fun of incorporating our new understandings of

learning into the design and utilization of a brand new campus nursing lab. For example, we moved the auto-tutorial materials from the far-off library resources center into the lab; now students can not only sit and absorb, but practice with an instructional assistant who is not a librarian but an R.N. To make maximum use of the learning lab, we have incorporated hands-on instruction using the lab in every course, through the entire program. We are creating our own learning activity packets for our students, with lots of the kinds of reinforcement items that we need, and tackling attitudes as well as cognitive items.

Our students evaluate us now, and our textbook choices, and our teaching techniques, and we listen--listen hard! We have students on several standing committees and we hope to broaden that participation soon. We're flow-tracking our students with low NLN scores. We're not just guiding by sending them to the Reading Lab for help; we're really watching to develop the next set of helps for them.

So you see what was started when you got us going seven years ago. We became aware of more than just a static format, and more excitement is still occuring than I can convey to you here. May we never stop this project.

We've learned that we can't teach nursing unless we're willing to teach nursing students. One of our last quarter graduates said it last week in a note. . .

> I think of you all often and fondly, and still hope you will find some contribution I can make to the school. I dream of founding a Prize for the student who has come the furthest scholastically during his/her nursing school career. . .
>
> I know the pressure is great, but try not to water down the curriculum--restructure and rewrite but don't weaken it. . . I know you will try to do what is best for our beautiful profession.
>
> Neil

You see, Neil is culturally diverse: male, married, newly graduated, newly employed at the rural hospital near his home, and he's 67 years old. Nursing is his third career and it is a beautiful profession.

RESPECTING CULTURAL DIVERSITY AND ADAPTING PRACTICES THAT ACCOMMODATE THE NEEDS OF THIS TARGET POPULATION

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Introduction

"To be diverse is to be varied." Each person is different in some way from all others. Human differences can come from a variety of factors such as language, occupation, status, religion, appearance, cultural values, and traditions. These differences are natural and, in many instances, desirable. In a democratic society, no human being need apologize for the fact that he or she is different.

However, for some individuals the salient features of age, sex, race, and social status are more frequently used to differentiate and categorize them; to make generalizations about their abilities; restrict their educational opportunities; and to channel them into particular jobs. For these individuals the problems created by their differences are generally acute and debilitating.

This paper discusses some of the consequences of "being different" in a traditional educational setting. It examines the impact of being different on the student's academic performance and it focuses on problems in the learning environment that do not accommodate the needs of this target population. The diverse student's need for respect is emphasized. A counseling strategy is suggested to help minority students improve academic performance and adjustment in college.

Definition of Terms

To help you to more fully comprehend the nature of this discussion, the following terms are operationally defined:

Affective. "Behavior having to do with emotional feeling responses to an object or experience (thing, idea, process, subject, situation, another person, oneself, etc.)

and all the complex perceptions, attitudes, characteristics, and behaviors associated with seeking, accepting and incorporating, or avoiding and rejecting an object" (Wright, 1971, p. 2).

Affective Domain. The affective domain, according to Wilkerson (1973, p. 97), "is that area of human behavior characterized by values, beliefs, attitudes, feelings, and emotions." The affective domain is concerned primarily with how students feel, and it emphasizes what the student will do rather than what he knows he should do (Wallace and Hammons, 1976, p. 12). Development of these aspects of human personality is a major goal of affective learning.

Respect. Webster (1971, p. 1934) defines respect as "having regard for; to be concerned with; refrain from intruding upon; to consider worthy of esteem; to have regard for the quality of that person."

A teacher exemplifies respect for students by acceptance of the student's feelings, avoidance of negative criticism, and the use of tolerance, appreciation, praise, and encouragement.

Feeling respected enables students to view themselves favorably. Respect by teachers, according to Aspy (1976), is significantly and postively related to increased cognitive performance by students and their ability to attain specific levels on Bloom's Taxonomy of Educational Objectives. "In view of the profession's concern about students' ability to analyze, synthesize, and evaluate, respect is particularly relevant to teaching nursing" (Karns and Schwab, 1982, p. 42).

Problems of Diverse Learners

The diverse student enters the traditional educational system with different characteristics, language, values, and social background; he/she responds to the learning environment according to his/her unique perceptions and learns and grows in a personal way. But the diverse student's uniqueness often causes problems for both the learner and teacher in an educational system because, according to Cross (1973, pp. 31-34), "the schools have not yet learned how to deal successfully with learners alien to the school itself."

The diverse student generally perceives the traditional learning environment as negative and threatening, and this detrimentally affects academic achievement and adjustment in college.

Hammond (1970) provides some insight regarding the frustrations experienced by college students from low socio-economic environments. Writing from his experiences as a psychologist on a college campus, Hammond described the "quantitatively different syndrome" experienced by students from low socioeconomic backgrounds. The syndrome, which is manifested by feelings of differentness, inadequacy, fear of failure and alienation, was caused by the need to make the transition from one class to another.

Rustin (1973) cites transculturation as a major cause of the emotional conflicts reported by Puerto Rican students in American colleges. Rustin reports that in addition to sharing the usual problems and characteristics of other minority groups, these students also experience separate and unique problems due to interaction of Puerto Rican cultural and family values and middle class American values. The conflicts heighten the student's anxiety and interfere with cognitive processes, such as problem solving, incidental learning, and communication.

Decreased performance and increased drop-out rates among other migrant group college students have been associated with poor language and communication skills. To learn course content, many migrant students must simultaneously learn a new language. It is much more difficult to learn the language and the subject matter at the same time than to know the language and have to learn only the subject matter. This problem has been described by Goldiamond (1965) as "the failure of learning blocks to build so that each new block (course level) builds on the previous one." Many migrant students have more learning needs than can be met in any one course.

Open-door admission policies have been cited as possible reasons for the academic and adjustment problems of minority nursing students. The schools ask the minority student to "come as you are, but leave as you ought to be," according to Harvey (1970). Consequently, the minority students are expected to begin their college careers by accommodating and negating their differentness, a process that tends immediately to set them apart from the majority.

Loneliness, caused by excessive introspection and constant reminders of differences, was reported by Harvey as an additional source of the stress observed in minority nursing students.

Strong motivation to achieve high grades appears to contribute directly to the adjustment difficulties of many diverse college students. Their anxiety about failure is intensified by the academic situation.

Just "being different" during adolescence is stressful for the diverse college student. Support for this view is provided by Maruyama (1971) who examined the essays of Oriental-American college students in California. This is a good population to highlight the adolescent's reaction to differentness because Oriental students achieve good grades in American schools and they have received less negative publicity. Maruyama found that the Oriental student is notably recognized not for academic achievement or adaptation to a different culture, but because he or she looks different. His findings support the view that just being different during adolescence is stressful and often traumatic.

Emotionally toned labels have been implicated as probable causes of academic and adjustment problems experienced by college students from deprived cultural backgrounds. "Culturally disadvantaged," "culturally deprived," "poor migrants," "socially disadvantaged," and "educationally disadvantaged" are labels frequently used to describe this population.

These labels are exceedingly salient and powerful, and they usually prevent alternative or cross classification. According to Allport (1958, pp. 177-178), labels such as those listed above "distract our attention from concrete reality; magnify one attribute out of all proportion to its true significance; and frequently mask the important attributes of the individual."

Labels also block communication among diverse groups and they generally interfere with an individual's ability to understand and work constructively with people who are different.

Following his extensive review of the literature entitled "The Minority College Student Experience: A Case for the Use of Self-Control Systems," Nieves (1978, p. 12) concludes that minority students on traditional college campuses "share problems that result from minority status and personal reactions to minority status." He summarizes the problems characteristic of this target population as follows:

> Feeling Unentitled to College. This is an often cited feeling on self-respect surveys. Observations of faculty and staff support self-reported negativism. These feel-

ings are frequently expressed by students pointing to their own lack of preparation and low achievement scores. Students also report a general discomfort with non-minority persons on campus because they are made to feel inferior. They report that association with non-minority persons makes them feel that they are unrespected, different, and under-valued.

Loneliness and Isolation. Students report a pervasive stress resulting from insufficient opportunity to relate to other minority group members.

Underdeveloped Career Goals. Minority students have entered college with even less than a generalized idea of what they want to do as compared to the traditional student. Minority students have either unrealistically high or unrealistically low aspirations and career goals.

Fear of Performance Evaluation. Minority students arrive on American campuses with a long history of failure on nationally normed tests and school grades. This string of negative experiences has served to develop avoidance behavior and fear of failure rather than the achievement-oriented behavior more appropriate of a college setting.

Whenever a group is placed in a position involving disadvantage or stigma, the individuals within the group express comparable symptoms of personality conflicts. In seeking to resolve these conflicts, minority group students of all social and economic classes often react to their group conflicts by adoption of a generally defeatist attitude and a lowering of personal ambition (Clark, 1963).

Studies by behavioral scientists on "level of aspiration" have shown that unrealistically low aspiration levels are based on self-protective mechanisms against failure. Such forms of coping orient the individual toward what must be done in the performance situation to protect his self-esteem and the performance outcome will probably reflect the posture that is adopted (Lazarus, 1966).

Epps (1969) postulated that high self concept of ability and low conformity had considerable value in non-intellectual predicting of academic achievement among Northern and Southern black high school students. In other words, blacks who were confident of their own ability and who did not need to conform to the behavior of others got the highest grades.

Self-Fulfilling Prophecy

The term "self-fulfilling prophecy" serves to call attention to the reciprocal conduct of human beings when in interaction. In all human relations--societal, ethnic, familial--"the engendering power of expectancy is enormous." If we foresee failure in a student, we tend to provoke it; if success, we elicit it (Allport, 1958).

Support for this view is provided by Clark (1963) who cites self-fulfilling prophecy as a major cause of academic failure among disadvantaged students from minority groups. Clark states that the wider society does not expect the lower status minority group to succeed. This very expectation significantly affects administrative policy regarding the minority student's education, the way in which he/she is taught, and the methods by which he/she is approached. These in turn contribute to the student's ultimate failure and the prophecy becomes reality. Clark states, "Children who are treated as if they are ineducable almost invariably become ineducable."

Faculty-Student Interaction

The use of interpersonal skills "can greatly enhance the learning process, not only by reducing stress but also by significantly increasing cognitive growth in students" (Karns and Schwab, 1982, p. 39). This view has been confirmed by the studies of Aspy and Roebuck (1977, p. 5) whose findings suggest a positive and significant correlation between interpersonal skills used by the teacher and students' attendance, increases in I.Q. scores, cognitive growth, and enhanced self-concept. Close faculty interaction with culturally diverse students is important not only as a means by which the transmission of knowledge and student intellectual growth is facilitated, but also as an educational goal within itself.

To increase effectiveness in interpersonal relations, faculty should communicate a social-psychological accessibility to interactions with students. This implies that the teacher is "tuned in" to the individual student and his unique problems (Pugh, 1976). The teacher must identify the student's potential abilities and create an environment which facilitates maximum personal and intellectual growth.

The teacher must understand the emotional and social factors that affect learning in order to create curricular experiences that are meaningful and worthwhile for students.

This understanding is essential to regarding students as individuals and human beings with positive qualities rather than gaps and minuses. Such an understanding is a prerequisite to finding ways to eliminate their blocks to learning.

Positive interaction with students from multi-cultural populations is promoted when the teacher communicates--verbally and non-verbally--sincere respect for the learner and a willingness to be of assistance.

Respect for Diversity

Many curriculums include a statement of philosophy that professes in glowing terms its earnest concern for the dignity and worth of each student, but schools do not consistently practice its educational implications.

In the classroom the teacher should reinforce self-respect and self-worth in the student by consistently recognizing the student's worth as an individual. She/he should create a learning environment which maximizes positive conditions and minimizes negative conditions.

Respect for diverse student populations is evident when the teacher: 1) views the student's cultural characteristics from a non-judgmental framework, 2) responds to the behavior of the learners in context, without labeling, and 3) expresses positive feelings for individuals and their different cultural patterns.

The schools should provide an environment that extends and enhances the self-concept of each student; an environment of mutual trust and sharing; an environment that promotes understanding and acceptance of all.

Respect fosters the development of trust and the ability to share. And with respect for the student, the teacher can become an effective model and inspiration. She is then in the position to further the cause of learning and cultural change. "Multi-cultural education can be the vehicle whereby positive attitudes can be developed toward others and self based on the strengths and acceptance of diversity" (Guertin, 1977).

Self-Modification for Personal Adjustment: A Counseling Strategy for Diverse Populations

Reactions to class and ethnic differences, combined with the usual "storms and stresses" associated with adolescent development, cause overwhelming adjustment and academic problems for minority students on college campuses.

In spite of the severity and complex nature of these problems, empirical evidence suggests that counseling services are underutilized by minority students and social distance between student and counselor undermines effective therapy. These facts highlight the need for different strategies to address the counseling needs of diverse student populations.

The use of self-control systems as an alternative counseling intervention for the minority college student has been explored by Sue (1973) and Nieves (1978).

The use of self-control efforts dates back to the beginning of man, but it is only in recent years that self-control therapy has been studied by prominent behavioral scientists. There is now a substantial body of scientific knowledge that supports the view that deficits in academic behavior and personal adjustment problems are amenable to modification by self-control techniques.

The literature also suggests that self-control methods are easily learned and that students do use the techniques with good results, regardless of how the skills are taught. It has been found that individuals can engineer their own environment, apply rewards to themselves as well as punishments, and assess the deficits or excesses of their own behavior. Lack of skill in defining the problem in behavioral terms and recording target behaviors has been cited as the greatest impediment to wider success for self-help efforts.

According to Nieves (1978), use of the multi-modal self-assessment system is a very effective counseling strategy for minority college students who generally seek help for multiple, interacting problems that are rooted in feelings and emotions. This tool provides a framework for an assessment of both cognitive and affective aspects of the problems as well as environmental antecedents. "Multi-modal analysis allows for an integrated and holistic view of a generalized problem, and yet provides room for more specific analysis and priority listing of target behavioral problems." The multi-modal self-assessment system is appealing as a counseling strategy for diverse populations, because it is a simple method which is easily taught and implemented.

Lazarus (1973) summarized the parameters of a multi-modal system as follows: "Multi-modal behavior therapy encompasses: 1) specification of goals and problems, 2) specification of treatment techniques to achieve those goals and remedy those problems, and 3) systematic measurement of the relative success of these techniques."

The Modified Multi-Modal Assessment Tool designed for this workshop on page 57 and worksheet, page 58, was adapted from Arnold Lazarus' Multi-Modal Behavior Approach and Luis Nieves' Multi-Modal Assessment System. Lazarus used seven modalities in his original model. They were: Behavior, Affect, Sensation, Imagery, Cognition, Interpersonal Relations, and Need for Drugs and Medications. Nieves used these same modalities. We are limiting our modalities to Salient Behavior, Affective Responses, Sensation, Cognition, and Interpersonal Relationships, along with an adaption of the nursing process.

To implement the Modified Multi-Modal Assessment Tool, the teacher (advisor, counselor) in a one-to-one context, obtains an agreement from the student that he/she will record and analyze behavior. Recording of behavior is a critical component for changes in behavior, and as suggested by Lazarus and Fay (1975), "If there is no notebook (recording of behavior), there will be no change." The student is then guided through a complete assessment of the "antecedents of the problem behavior, the problem behavior itself, and finally, the consequences of that behavior." The student is encouraged to examine both the cognitive and affective aspects of problems and is taught how to define behavior in specific terms. Intervention strategies are identified for each modality. Self-control techniques can be given in the form of lessons, or written handouts. There are many self-help books available, but they do not address the specific problems of diverse student populations. Meetings with the counselor are scheduled regularly to evaluate the effectiveness of the student's self-help efforts.

The Modified Multi-Modal Assessment Tool was designed as a counseling strategy to accommodate the needs of diverse nursing student populations. Because the tool focuses on the individual, it is culturally neutral; it does not force the student into a different cultural framework. The five modalities on the tool facilitate a comprehensive assessment of the behavioral personality. Implementation of the tool provides the student with specific treatment implications and self-help strategies for resolving and/or avoiding a wide variety of personal or social problems.

SELF-MODIFICATION FOR PERSONAL ADJUSTMENT--A COUNSELING STRATEGY FOR DIVERSE POPULATIONS

A MODIFIED MULTI-MODAL ASSESSMENT TOOL

Modality	Problems	Desired Behavioral Change	Self-Help Activities	Evaluation
Salient Behavior	Borderline course grades Poor test-taking skills	Completion of the course Passing scores on tests	Daily study schedule Improved note-taking Underlining text books Maintain environment conducive to study	Success in the course Better academic skills
Affective Responses	Fear of failure Fear of family disapproval	Decreased negative self-assessment	Assertive training techniques Frank discussion with family regarding progress in school	Verbalizes positive feelings about grades and self-actualization
Sensations	Inability to concentrate for appropriate time Frequent headaches	Increase concentration time Eliminate headache	Keep records of studying efforts 10 minutes each day Recreational diversion	No somatic complaints
Cognition	Lack of self-confidence Career goals unclear	Increased feelings of self-confidence and self-worth Realistic plans for career	Complete assignments in small segments to increase success Secure peer tutor	Positive self-statements Career goals identified
Interpersonal Relationships	Strained student-teacher relationship Lack of peer support	Improved teacher-student relationship Increased peer support	Scheduled appointments with teacher Arrange peer study group	Teacher-student rapport Meet regularly with peers

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WORKSHEET

Using the problems listed below, complete the Modified Multi-Modal Assessment Tool and determine what self-control techniques may be applicable. Also, list criterion measures for evaluation of student's modification in personal adjustment.

Modality	Problems	Desired Behavioral Change	Self-Help Activities	Evaluation
Behavior	Decreased personal involvement in class and out of class activity			
Affective Responses	Feeling unrespected and being different			
Sensation	Jittery and nervous			
Cognition	Believes that he lacks the ability to achieve success in college			
Interpersonal Relationships	Does not initiate contact with teacher or peers			

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APPENDIX

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PROGRAM EVALUATION KIT

Editor: Lynn Lyons Morris,
Center for the Study of Evaluation
University of California at Los Angeles

Evaluator's Handbook

How to Deal with Goals and Objectives

How to Design a Program Evaluation

How to Measure Program Evaluation

How to Measure Attitudes

How to Measure Achievement

How to Calculate Statistics

How to Present an Evaluation Report

Volumes may be purchased individually or as a unit from:

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WHERE FROM HERE

Perspectives of a Non-Nurse

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I want to take a moment to comment briefly on where we've been and where we are. You notice I'm using we because I'm now one of you. Five years of association with the project has thoroughly co-opted me.

I remember the first meeting of the advisory committee when we met to select the sites. Then we moved to defining our terms, including "culturally diverse." At first I thought it meant disadvantaged, and then I realized it was just diverse -- and diverse meant different things in different institutions. For example, in one site it meant black. In another, it meant being male. At one college it mean 18-19 year olds, while at another it meant anyone over 25.

Later, we held our first conference. I introduced you to an exercise called the nominal group technique and showed how it could be used on your campus to identify barriers experienced by the culturally diverse student.

So, from a historical perspective, it has been a pleasure to listen to you describe what has happened at your college, and to realize that something which has taken a part of five years of my life has the potential for improving the chances for success of hundreds of currently enrolled students, and thousands of students yet to enroll. That makes it all worthwhile.

But what has been done? What have we learned?

1. We learned ways of maintaining contact with students we couldn't admit while they were becoming better prepared. When we started the project, some colleges were admitting virtually all students and then trying to develop a developmental studies program within the nursing program. You know the results.

2. We learned a great deal about ways of identifying students who need help. The list of what we've learned is fascinating, especially in view of the things that many of you now consider routine. Yet, five short years ago only a few sites were experimenting with any of these.

a. One illustration of what we learned about identifying areas where students need help is reading. I remember the rapt attention you gave to our first workshop on readability indexes as you discovered how very important it was to select materials that students could read. For many that was new information. Now, most of you are routinely doing readability indexes on texts and other materials.

b. Math was another area where you learned how to (1) identify the mathematical skills students needed to succeed; (2) develop a pre-test to identify students who did not possess them; and (3) prescribe courses/materials to help remediate those with skill deficiencies.

c. Learning about the importance of study skills, and how to assess those using various instruments was another result of the project.

d. You also learned the futility of focusing only on academic skills and forgetting about such things as self-concept or how a student feels about himself. The discussion of the Myers-Briggs instrument was an excellent indication of this.

e. Career testing is another area where you've learned much. Using tests to measure the interest levels of students when they apply, to ensure they have a clear picture about what they are getting into before they invest the time and you invest your time and resources, makes abundant good sense. Through this, you are now doing a much better job of assessing whether or not students are really serious about what they're doing.

f. Realizing that many of your students suffer from test anxiety and need assistance in test taking is another good example of what we have learned from the project. The list could go on and on.

3. We've learned the importance of diagnosing difficulties that students are having, not only by using group process techniques like the nominal group, but by being

sensitive and aware that students are having difficulty and realizing that part of their problem might be us. Before the project, some of you were likely to blame the students when difficulties were experienced.

We became aware of the effect of cultural differences as we listened to students who were finally afforded an opportunity to "open up" and tell us what they really felt. As we listened, we began to be more sensitive to some of the things we had been doing and some of the behavioral changes that were required of us.

A constant thread running throughout the project was the need for improving instruction, not just for the "culturally diverse" student, but for all students.

We also learned of the need culturally diverse students have for role models. That's why it's so important for us to produce graduates from culturally diverse groups so that years from now they can be role models.

We were also reminded of the importance of good faculty advising, something that needs constant reinforcement. At first, as I visited the sites I took advising for granted. Then as I began to explore some of the reasons for student difficulties, I realized that in some colleges a student did not have a specifically assigned faculty advisor, so we focused attention on that, then realized we had to devote some attention to training the faculty in how to be an advisor, not just for culturally diverse students, but to students in general.

To sum up, I think what what we've learned from the project is a skill that has wide applicability, and that is problem solving. We've learned to start by defining the problem, which is normally defined as the difference between where you are and where you would like to be. Of course, you have to be sensitive to the fact that there is a problem. Then you analyze forces for and forces against solving the problem. You do something about those that you can, and don't worry about the others. Ability to solve problems is one of four essential characteristics of any effective institution. The other three are that an institution has established its routine, is receptive to change, and actually does change. If there is anything that characterizes the group of institutions represented in this project, it is that you have been receptive to the need for change and have shown that you can change.

At this point, I want to make a few suggestions about where you go from here. Some of these ideas relate specifically to the focus of this project; that is, improving your ability to serve the needs of the culturally diverse student, but others are more general.

One suggestion is that you continue to examine your criteria for selecting students for admission and begin to consider some factors other than test scores and grades.

Second, because so many of you are women, and because of what our culture has taught you, I think that you need to be aware of your tendencies, and be more assertive on your campuses. Let me mention one specific area where you need to be more assertive. This pertains to those faculty members teaching your students in areas other than nursing. You know the ones I refer to -- those who continually create so many problems for you, and who have failed thousands of potentially outstanding nurses. You can become more assertive by getting the attention of the dean and pointing out what is happening. You have more leverage than you might think. Yours is one of the most expensive programs on your campus. And if you start out with 100 students and shortly afterwards are down to 70 because of the failures in non-nursing courses, your costs go even higher. Talk dollars and cents to deans. They may not listen to other arguments, but they will listen to dollars.

Third, I think you need to re-examine faculty loads. I've done a great deal of work in non-traditional approaches to faculty load in two- and four-year colleges, and I've also read most of what is worth reading about faculty load. I think that you can make a better case for some relaxation in load assignments by explaining what it is you do and how very time consuming it is. If there is any one thing I've learned out of this program, it is that nurses work very hard. I think you could work smarter, but I know you work hard.

Fourth, I would raise a question with you that comes from the work that I've done with colleges in this project and elsewhere. As the number of recent high school graduates has declined in some institutions, there has been a lot of pressure to admit bodies, but not necessarily minds, in order to keep enrollment up. I think that you need to consider the practice of one of my sites who initially succumbed to these pressures then re-considered and said "No, we can't and shouldn't do this." What they decided to do was to interview these students, tell them they could not admit them and why, then assign them an advisor in the nursing program. Thus, while the students were working to become fully qualified for admission, they were still associated with the nursing program.

Fifth, I think that you need to be a little less hesitant to use the resources that are already in your institutions. One of the first things we did when we toured the sites was to get an idea of the resources that were available within each college. In a number of instances I found that nursing faculty were trying to duplicate services that were available on their own campus. Don't do it! You're not qualified and you don't have the necessary resources. There are qualified people on your campus who can help you.

Six, I'm concerned that you don't have much evaluation data on the results of your efforts. One idea to alleviate this is to ask your office of institutional research for help. However you do it, I feel part of your efforts need to shift to validating what you are doing now.

Seven. A continuous concern of mine has been the orientation and training of new faculty. There is a tremendous amount of turnover in nursing faculty. A good project for your institutions would be to put together a cooperative program for new nursing faculty. It could be done much more efficiently in one or two locations in a region rather than for each institution to try alone. I don't know what the length of this program could be, but I think you must determine what people need to learn before they could be a fully functioning faculty member. You would be amazed at how much assistance a good program could be to new faculty.

Eight. I'm concerned about what will happen on your campuses once the SREB project is over. I'm especially concerned about whether or not the emphasis on faculty development will continue.

You are to be congratulated for what you're doing now. I know the job is not yet done, but I think you've made a monumental step in the right direction. I hope that SREB can come up with an idea that is worthy of getting some additional funding so that the work will continue. I think it would be a shame if we are not able to capitalize on all that has been learned here and move it forward.

Dr. Hammons then asked the audience for suggestions regarding what SREB might do next. (Suggestions follow).

1. Obtain funds to examine ways to update and maintain the clinical skills for nursing faculty.

2. Secure money and expertise to asssist in doing research.

3. Help encourage the development of innovative ways to get a doctoral degree without having to give up a job.

4. Conduct longitudinal studies of culturally diverse students, not in terms of how many pass the boards, but how many stay in nursing and why they got out if they did.

5. Sponsor networks to share nurse-educator-created computer skills.

6. Develop counseling techniques of nurses.

CULTURAL DIVERSITY: A BACCALAUREATE PERSEPCTIVE

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This paper is based on two very important assumptions. The first assumption is that there is a great deal of value in diversity. The second assumption is that teachers have the responsibility to activate and develop the learning potential of each student with whom they interact. Inherent in the first assumption is a commitment to actively recruit students in a manner that insures diversity. Inherent in the second assumption is a commitment to respond to students as individuals, to avoid stereotyping, and to capitalize on rather than stifle the uniqueness that individual students or groups of students bring to the teaching-learning environment.

Let me comment briefly on why it is correct to assume that there is value in diversity. Experience over time has provided compelling evidence that the most rational, correct, and intelligent decisions are made when the input represents the widest possible range of opinions from persons representing every possible perspective of the problem to be resolved. To put it another way, we are not usually well served when we surround ourselves with people whose backgrounds are all similar to ours; who think like we do, and who bring the same perspective to the problem that we already possess. There is also a great deal of beauty in diversity. We have all been moved by experiencing a panorama of color or the beauty of sound created by a symphony orchestra. A rainbow is impressive because it presents us with a beautiful blend of individual unique colors. A symphony orchestra is impressive because it presents us with a beautiful blend of individual, unique instruments. Differences, then, when combined in harmonious ways, result in an effect that cannot be created by sameness, no matter how beautiful that sameness might be.

Regarding the appropriateness of my second assumption, let me point out that a teacher by definition is a facilitator, a leader, and a motivator. His or her goal is to assist students to achieve their educational goals as well as the goals set for students by the institution. Nowhere in the educational literature is it stated that the teacher performs these functions only when the students are homogeneous in every respect. Yet too often, it seems to me, that is how we approach our teaching

responsibilities. We have a preconceived notion about how students should behave, how they should look, how they should achieve objectives, and at what rate they should achieve them. As soon as this preconceived notion is embraced, the kind of student that will be the recipient of the teacher's facilitating, leading, and motivating expertise will be reduced to one. All other kinds will be ignored, forgotten, and probably failed.

Perhaps you think I am overstating my case. But if we look at a typical baccalaureate nursing program, typical meaning the kind most often seen, my guess is that the majority of students in the program are white females, ages 18 to 22, from middle income families who live in predominently white suburban or urban communities. These students, for the most part, will make a relatively quick and easy adjustment to the college or university that admitted them. It too, after all, is predominently white and predominently middle class in its faculty, its administrators, and in its students. The total student body differs in only one respect from the nursing student body. The total student body is an almost equal mix of males and females. Nursing students are almost all female. But that difference doesn't create any problems. After all, nursing is for women. It is a societal and therefore, an institutional expectation. Part of the beginning experience for any student who enters a college or university is a process known as socialization.

When people "acquire the knowledge, skills, and dispositions that make them more or less able members of their society" (Brim and Wheeler, 1966), we say that they are socialized. When people are socialized they are successful because their performance is satisfactory. Their performance is satisfactory because they know which behaviors are rewarded and which are punished. The problem is that most students are only socialized into their society. It is the only one they have ever known. This limitation inhibits these students' total development and it creates real problems for those who have not been a part of it from its inception. Those outside of it can gain entrance and maintain access only with great difficulty, persistent effort, and high emotional outlay. Students who do not fit the model described above, which for the most part has been generated and perpetuated by history, have been classified as "high risk," "disadvantaged," or "minorities," to name three labels in common use. And they are indeed all of these things. They are at high risk because they have so much to learn in order to become socialized. They are disadvantaged because their life experiences have been quite different from ours, and they are minorities because there are not nearly as many of them as there are of us.

It is not easy to admit that this is the university or college society that we have created. But ask yourself whether you or one of your faculty colleagues has ever made such comments as "Oh, yes! I know Mary. She's a black student. But she's very bright." Or "Yes I've worked with Tom. He'll make a pretty good nurse but I know he'd much rather be a doctor." Or, "You know, for an RN Sally really surprises me. She actually seems eager to learn something new." Mary, Tom, and Sally represent three minority groups in most nursing schools; blacks, males, and RN's. Each of the statements made about these people reflects a very common stereotype, namely blacks are stupid, males are frustrated physicians, and RN's come back to school because they think they must rather than because they want to. These stereotypes are barriers to socialization and to learning. They are blind biases that guarantee perpetuation of the status quo without ever questioning whether the status quo is where we need to be.

Yet we continue to say that we believe in diversity, that we wish we could recruit and retain more minority students, that we wish our minority students would mix in with the other students. Perhaps what we are really saying is that it would be so nice if they just came to us in appropriate numbers, did all the things we told them to do and most importantly, that they did these things "our way." In short, it would be so nice if they very quickly became just like us. Of course if that happened, we wouldn't have the diversity that we say is so important. Because instead of capitalizing on differences we will have stifled or eliminated them.

Unfortunately the stereotypes identified earlier are not the only ones we have. I think many of us really believe that to be different is to be inferior or strange, even though we know that every aspect of life is perceived differently by different kinds of people, and that the more perspectives we have on any problem or experience, the greater will be our appreciation of it and our ability to respond to it appropriately. There are also some other beliefs or stereotypic opinions that many of us may have about such things a admission requirements, academic time frames, curricular designs and teaching strategies. Let me present a few of them for your consideration.

Belief I: No student should be admitted to the nursing program whose composite ACT or SAT score is lower than the mean composite score for the entire college or university.

Belief II: A semester or quarter has a beginning date and an ending date. All courses must be completed within this time frame.

Belief III: A nursing curriculum is designed in relation to theoretical and clinical objectives. Once behaviors indicating mastery of each objective are developed, it is only these behaviors that will be accepted for meeting each objective.

Belief IV: Teaching strategies are dictated by the nature of the material to be presented.

If we examine the first belief about minimum ACT scores, we must conclude that this belief excludes many culturally different students from our programs because the test is geared to a white middle class socioeconomic group. We also know from extensive research that high school GPA and rank in class are much more highly correlated with successful college work than ACT or SAT scores are. Standardized tests, though, make us feel secure. They are, after all, "objective"--meaning only that they are scored by an impersonal computer rather than by a personal teacher who must be awarding high grades for personality rather than for mastery. What is lacking in this argument is the fact that a composite GPA represents many grades over a four year time frame and usually from many different teachers while a standardized test score represents one time performance. A student whose GPA places him or her in the top third or even top half of his or her class has, in my opinion, demonstrated more potential for college success than a student with high standardized test scores and a low rank or GPA. Relying more heavily on GPA and rank, then, as admission criteria would be much more fair to culturally different applicants.

The second belief is equally harmful to some students. That belief which makes the academic calendar a real sacred cow, makes time a more important variable than mastery. Would it not be possible to create a more flexible academic schedule so that the so-called slow learner could be accommodated? Sometimes, when mastery is obviously minimal or non-existent a student should repeat an entire course the next time it is offered. Quite often, however, just a little more time would enable students to meet all course requirements. It seems to me we would be serving these students much more effectively if we gave them that extra time by means of deceleration, using

summer sessions or intersessions, holding additional review sessions, or scheduling additional clinical or classroom experiences for them.

The third belief, how we determine whether objectives have been met, is probably the most sacred one of all. If we decide that a multiple choice test is the method for measuring achievment of certain objectives, then it becomes the one and only method that we will use. To use different methods for different students would be "a lowering of standards." Yet we know just from our own personal experience that we much preferred one type of testing over all others when we were tested ourselves. Some of us like to tell rather than write what we know. Some of us prefer darkening circles to writing descriptive paragraphs. Some of us like a little of each in any test. Students are just like we are in that respect as well as in most others. Some people are notoriously poor test takers. They know the material in many cases, but for them the test just doesn't elicit the knowledge they possess. It is so important to remember that our goal is knowledge and skill acquisition in our students. We need to make certain that students have learned essential content and that they have acquired essential skills. But there are many ways to measure those achievements and to use one way for some students and another way for some other students is neither compromise nor favoritism. It is educationally sound and it is an alternative we must pursue if we value diversity.

The fourth belief, that teaching strategies should be matched with the material to be presented, has a major flaw because it is only partially true. While we should definitely match teaching strategies with material, we must also match teaching strategies with our learners. Just as people prefer one kind of testing over another, they also prefer one kind of teaching over another. Lectures for many faculty are still being used to the almost total exclusion of all other methods. Unfortunately, even when lectures are well presented, students cannot possibly grasp all that they should because they are busy taking notes so that they can give the right words back on the test. This teaching strategy could be enhanced by videotaping the lecture so that students could hear all or part of it again, or by providing students with a detailed outline of the essential concepts included in the lecture, using a handout that includes space for students to add information that will help them master the content they must learn. Other teaching strategies could also be improved by building in alternative methods of learning that would be more effective for students with different learning styles.

It seems to me that if we could eliminate our stereotypic thinking about minority groups in our educational programs, and our stereotypic thinking about what constitutes higher education in the best sense of that term, we would inevitably create a more positive environment for all of our students. Until we do that we are little more than custodians of the status quo. A positive environment is sometimes hard to define. The elements that make it positive cannot always be precisely identified. We know when we are in one but we can't always explain what makes it that way.

At the University of Okalahoma the nursing faculty attempted to improve recruitment and retention of minority students by manipulating the environment in ways designed to make it more positive. Their approach was innovative. Their results were effective. With partial support from federal funds the faculty developed a model to insure institutional support for cultural diversity. Implementation of the model included such activities as greater involvement of nursing faculty and community nurses in recruitment activities, development of a multi-cultural curriculum, and development of an extra-curricular support system for culturally diverse students. Spin-offs of these activities included faculty development workshops that explored faculty beliefs, values, and concerns; curriculum workshops; development of mechanisms to insure ongoing dialogue between faculty and students; establishment of a counseling and support group program, and increasing the amount of financial assistance available to students who needed it. Students admitted to the program had direct and ready access to such services as peer tutoring, workshops on test taking, personal and academic counseling, and frequent faculty student conferences.

The nursing faculty set enrollment goals that matched the percentage of various groups in the Oklahoma population. American Indians constitute 3.8 percent of that population, Afro-Americans 6.7 percent. They also set a goal of 10 percent male students and 10 percent career mobility students. Upon completion of the project the American Indian enrollment had increased from 2.7 percent to 4.2 percent. The Afro-American enrollment from 2.7 percent to 5.4 percent. Male and career mobility enrollment goals were achieved. Evidence of the success of retention efforts was even more impressive. With enrollment held constant, the number of American Indians and Afro-Americans who graduated doubled and the number of male graduates tripled. Attrition of American Indian students went from 36 percent to 12.5 percent. For Afro-American students it

went from 40 percent to 6.7 percent. For males it went from 55 percent to 4.2 percent. And, for mainstream students, Caucasian women, went from 17 percent to 9 percent. This last statistic is important because it shows that these students did not suffer any bad effects from the experiment. Instead, they benefitted from it. While time will not permit a more detailed presentation of this very fine project it is definitely a report worth reading and I recommend it to each of you. I am convinced that we will not have cultural diversity in our student population if we do not actively recruit these students. And once recruited we will not retain very many of them if we don't create and maintain a positive, supportive environment.

I have attempted to establish the value in cultural diversity and the fact that all students and faculty are enriched when it happens. I have also identified some means by which our efforts might be more successful. Let me close by saying that there are specific and compelling reasons why the promotion of cultural diversity among baccalaureate prepared nurses is so important. Two encouraging phenomena are taking place. Resistance to college based education for nurses is diminishing and the number of baccalaureate prepared nurses in the work force is increasing. Leadership roles in nursing are increasingly being filled by nurses with baccalaureate and graduate preparation. If this leadership group is to have the greatest possible impact on the quality of health and nursing care available to our citizens, nursing leaders must be a microcosm of the citizens we are committed to serve. We live in a multicultural society. We cannot be responsive to multicultural needs if we, as a profession, remain largely monocultural.

I started by describing the beauty of a symphony orchestra and of a rainbow. Both are beautiful because they blend the unique singular beauty of each of their elements. The elements of cultural diversity are available to us. We need only to blend them to create a panorama that will indeed be a work of art, functional as it is beautiful. Let us now move with all deliberate speed to create this work of art. As nurses and as educators we must make our commitment to cultural diversity visible. It is a value we must adopt now.

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DEVELOPMENT AND IMPLEMENTATION OF THE COMPETENCY-BASED NURSING EDUCATION (CBS) PROGRAM AT NORTH CAROLINA CENTRAL UNIVERSITY

The Administrative Aspects

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Since its inception in 1969, the goal of the Baccalaureate Nursing Program at North Carolina Central University has been to provide a high quality education program for the culturally diverse student. In 1975, after graduating two classes, an intensive program review was conducted which resulted in the adoption of a plan that would provide for an upper division major in nursing.

Upon becoming department head in 1977, it was my responsibility to guide the faculty through the important phases of curriculum development, which included examining the purposes of the program, its philosophy, the development of a conceptual framework, and deciding upon a curriculum design and format for the new curriculum.

At the last of several exploratory meetings, the faculty voted to adopt a Competency-Based Education (CBE) System as our instructional approach, based on the concept of mastery learning, and a decision was made to develop and implement all courses from the outset.

Since CBE was a new concept for most of the faculty, a great deal of time was spent studying the concept prior to and after its inception. Answers to questions pertaining to who, what, when, how, and why with respect to the learner, the delivery system, and the instructor were the focus of several faculty development workshops.

I will discuss the administrative aspects of developing and implementing a competency-based baccalaureate nursing program at North Carolina Central University, and Gwen Jones will discuss faculty responsibilities and student involvement.

First, what is competency-based education? Gerald Grant and Associates in their book, On Competence, discuss the variance in focus and definitions, but the one he includes that

best describes our philosophy is that it tends to be "a form of education that derives a curriculum from an analysis of a prospective or actual role in modern society, and that attempts to certify student progress on the basis of demonstrated performance in some or all aspects of the role. Theoretically, such demonstrations of competence are independent of time served in formal educational settings" (1979, page 6).

Approaches to curriculum design can be either heavily behavioristic or much more humanistic, which views roles from a holistic perspective and building curriculums that incorporate elements of culture, personality, and citizenship. The approach we take at NCCU is the latter.

What are the major administrative considerations and actions needed to implement a competency-based BS nursing program?

Administrative Support

One rule is the key: there must be consensus and acceptance of all significant program components by both the university and the specific department. Developing a strong, cohesive, university-departmental relationship is crucial to the program's success. This relationship is initiated by the program manager. One should start "courting" procedures early in the game in order to establish awareness, commitment, and cooperation.

Any significant attempt to change the educational system in a department inevitably affects every subsystem to a certain extent. Any one of the subsystems may choose to agree or disagree, support, strengthen, or weaken the success of the proposed changes.

One of our overall goals was to acquire interdisciplinary support at the pre-nursing support system levels, which we were fortunate to receive. Some of these included: the Academic Skills Center, Faculty Advising Service, the Summer School Office, Pre-service Department and the Undergraduate Council. This assistance was provided through development of specific policies that would facilitate the new instructional system. If you can respond affirmatively to the following questions, you probably have the support needed.

1. Is there university readiness for the program?

2. Has there been constant dialogue, and is there an established system for continuous communication?

3. Has the university been involved with the preplanning?

4. Is the university fully knowledgeable about the time frames required for curriculum planning, development, and program implementation?

5. Were there mechanisms established that will keep the administration involved throughout the "honeymoon" phase, and the phase of the evaluation as well as replanning?

Policy Coordinating System

The Department of Nursing at North Carolina Central University is in the Undergraduate School of Arts and Sciences. Therefore, the Undergraduate Dean was kept informed about all decisions, operating policies developed, and program requirements during all phases of curriculum development. His office ultimately became the central coordinating system for all policies and procedures necessary to implement the competency-based program.

Nursing Program Administration

The director of the nursing program is responsible for the development of a viable curriculum based on a philosophy that is congruent with the philosophy and mission of the parent organization. Unless this compatibility exists, the goals of the program are unachievable.

The nursing faculty believed that the concepts of mastery learning and competence-based education were consistent with their values and those held by the university.

Nursing Program Policies

In order to implement the CBE curriculum, it was necessary to formulate policies and procedures both within the department and across departmental lines within the university that would allow for the changed role of the learners, the instructors,

and the use of time as a variable rather than a constant. For example, policies for progression and dismissal (or recycling) had to be developed to offer an eight-week block system for one clinical course with theory. Additional policies regarding students concerned grades, academic performance, and clinical expectations and absences.

Nurse Faculty

The nursing program director is also responsible for having faculty who are competent to function appropriately in a CBE program. The role of the teacher is not the traditional one of information giver but one of serving as a resource person, counselor, producer of instructional materials, and evaluator of outcome criteria (specified behaviors). In a curriculum change such as we conducted, it was necessary to assist the faculty to acquire the knowledge and skills needed to function in their new role. New faculty being considered for employment must be apprised of the philosophy and curriculum to be sure that it is consistent with their philosophy and capability or willingness to learn the necessary skills.

Fiscal Policies and Budget

Adequate financial resources must be available to initiate any change. For a change of this magnitude, it was critical that the nursing program manager identify and project the needs and clearly articulate them verbally and in writing for the department administrator and the fiscal officer of the university. There must be commitment and assurance on the part of university administration that sufficient funds will be available for future operation as well as for initial change-over costs.

The major costs that one needs to determine are: personnel; faculty development, both prior to and after implementation of the curriculum, which includes some release time from current responsibilities; consultant services, both pre- and post-implementation; and resources, such as equipment and supplies needed to establish a Learning Resource Center, which is really the nerve center of a CBE program.

A Monitoring System

A curriculum evaluation model must relate to the objectives that the program was designed to achieve. Major assessment problems in CBE include:

1. the validity and definition of competencies
2. the certification of student performance of competencies specified
3. assessment of student progress
4. assessment of teaching performance
5. the development of an adequate technology

Continuous program monitoring is necessary to identify changes needed. Although minor changes can and may be made at any time, major changes can and should be delayed until after one group of students completes a course or particular segment.

Faculty Responsibilities

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The challenge to transform the nursing curriculum at NCCU from the traditional teaching mode into a competency-based system (CBE) was the most critical decision the faculty had confronted. The change was stimulated by the need to cultivate excellence, not only for the better student but also to help the nontraditional student achieve his optimal intellectual development.

The CBE approach provides a system for guiding learning experiences which leads to mastery of skills. The term skills refers not only to the common connotation of psychomotor activities, but also to the cognitive and affective competency dimensions. The system can be explained in terms of a model which includes both conceptual and operational levels that put into perspective the interrelationships among the variables affecting learning.

Preplanning and step wise systematic planning was geared to developing a conceptual framework and a format for instructional strategies that would bring about consistency in implementing our CBE approach.

Through a series of work sessions, the following were accomplished:

1. Statement of competencies were developed after review of the Characteristics of Baccalaureate Education in Nursing (NLN, 1979), Critical Requirements for Safe/Effective Nursing Practive (Jacobs et al., 1978), and job descriptions from selected local hospitals and community agencies. The competencies were derived from roles.

2. The competency statements were examined to determine their relevance and then related to the philosophy, conceptual framework, and level objectives. This process resulted in refinement of the level objectives.

3. Each teaching team related their course objectives to the competencies and revised level objectives, and made adjustments as needed.

4. Work sessions also dealt with development of the unit outlines. There was a need for discrimination between competency, level objective, course objectives, and unit objectives. There was also a need to organize content and identify the learning options.

The advantages of the CBE approach to instruction are many. This method supports the concepts of the adult learner in that learning is student-centered rather than teacher-centered, the whole-part relationships are flexible rather than rigid in structure, and the backgrounds of the students are recognized as they assume the major responsibilities for determining their learning processes. CBE also supports a theoretical framework for learning, in that the variables related to information processing and the concepts related to environmental interaction provide the basis for acievement. This approach also facilitates the challenge of meeting the needs of the diverse population which we see in nursing today.

Student Involvement

This new approach to learning was communicated to our students by initially involving them in the developmental phase. For example, students were asked to submit suggestions for curriculum revision and to attend some of the faculty work sessions. A very important factor was to explain to our first class of students the revised philosophy, objectives, and conceptual framework of the program. This was done at the time of enrollment in the first courses offered in the CBE curriculum.

Special sessions were held with the students to orient them to the CBE approach. It was made clear to them the difference between their previous learning experiences and the new experiences they would have in the CBE nursing curriculum. The group sessions also included discussions which centered on how instructors would proceed, and how to use the overall system to progress through the curriculum.

Special emphasis was placed on active involvement in the learning process. The CBE Manuals (syllabi) were described as road maps to their learning experiences and instructors' role as facilitators of learning, as well as learner roles and expectations, were communicated.

Additional meetings were held with the students as the semester progressed to share experiences, feelings, progress, and to discuss problems. It is important to note here that the impact of a program is said to be greater during the second and subsequent years than it is during the first year. We are now beginning to evaluate the impact of the program on our first graduates from the CBE approach.

In summary, faculty and student involvement require the following:

1. teaching teams that were committed to the successful achievement of the desired outcomes and new organization of the teaching learning process;

2. informing students about the curriculum change and teaching them the concept of CBE, along with explaining the use of the CBE manuals;

3. adjusting to the new role as a teacher, from information giver to resource person and facilitator of learning, and orienting new faculty;

4. adjusting to the new role of the learner as a guided participant involved in and taking responsibility for one's own learning, while developing increased self awareness, self direction, and independence;

5. blocking of courses to facilitate recycling of students who needed more time to complete a course or who needed to start over again;

6. researching and trouble-shooting constantly to adapt to the new and sometimes stressful situations;

7. acquiring laboratory assistance for skills check off, media viewing, and obtaining the needed resources;

8. developing new tests that measure attainment of competencies (still in process of developing test bank);

9. focusing clinical experience objectives on specific theoretical competencies to be applied in the clinical setting.

10. revising clinical evaluation tools (still in process), and

11. developing curriculum evaluation tools that will measure how well the CBE approach assists students to meet program objectives (process and product evaluation). We decided to develop a Quality Assurance Tool that is being tested for its validity and reliability.

Current and Future Development

1. The revision of all units of instruction should be completed before the 1982 fall semester.

2. A set of criteria for judging course design should be established by the faculty and used by the Curriculum Committee for review of courses.

3. An evaluation plan for determining the effectiveness of the CBE approach should be established by the end of May, 1982. Student involvement is a must.

4. An orientation to the CBE approach should be planned for entering students.

5. Time frames should be established for integrating the conceptual framework into the specific courses. Continued faculty support will be needed in this process.

6. Faculty should be encouraged to creatively design learning materials and to share their expertise at faculty meetings.

In the face of outside pressures, waning public support, and financial stringency, the real task has been to achieve renewal and curriculum reform from within our department. We don't consider ourselves the forerunners in CBE for nursing education, but only a part of the effort to change higher education in fundamental ways for the culturally diverse student by the year 2000.

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CLOSING THE GAP IN BASIC EDUCATION AT THE PRE-NURSING LEVEL AT NORTH CAROLINA CENTRAL UNIVERSITY

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The faculty of the Department of Nursing were concerned about finding teaching/learning strategies and a curriculum design that would increase the number of students (those who declared nursing as a major) who successfully complete the lower division general education courses and thus, decrease the attrition rate in both the pre-nursing and nursing segments of the baccalaureate program.

The Department of Nursing is a part of the Undergraduate School of Arts and Sciences, which determines to some extent the manner in which changes are initiated and implemented. This differs from nursing programs that are separate schools and have more autonomy. Our experiences as a part of the Undergraduate School of Arts and Sciences have for the most part been positive, to the point that we sometimes tell the Dean of the Undergraduate School that he is a part of the nursing faculty. It is helpful when administrators understand some of the unique aspects of a nursing program.

Closing the gaps in basic education at the pre-nursing level has required several steps, as follows:

First: To determine the general education needs of our student population, the faculty reviewed the mission and goals of the university since this influenced the type of students attracted to the university.

The mission of North Carolina Central Univeristy (NCCU) is to educate men and women who, in their private and professional lives will have the potential to advance the general welfare of all citizens of the state. Initially founded as an educational institution for black people, the university has adjusted to changing attitudes of society. During the past 70 years NCCU has shifted from "separate" to "separate but equal" to "integrated," and to the present expansion which includes provision for cultural diversity and ethnic identity. NCCU is part of

the University system of North Carolina which is engaged in an effort to remove the remaining vestiges of the dual system of higher education in North Carolina.

For the present and in the forseeable future, it is felt that the majority of our students at NCCU will be non-white with an increase in the number of white students. Most of these students will continue to be underprivileged, often poorly prepared educationally, and from families with low income. The university is committed to develop the kinds of academic and non-academic programs which can bring such students into the mainstream of American society, and equip them to enjoy the advantages and responsibilities of citizenship. The total university is concerned that students succeed in their educational pursuits.

At the present time the general education program at the university is being revised, competencies are being identified, and there are plans to establish exit criteria at the end of the first two years of study which all students must achieve before moving to any upper division major in the university (at the junior level). Also, in this revision, are plans to use the mastery learning concept (competency-based approach) in all general education courses.

To help the students who enroll at NCCU achieve the goals described in the mission statement, the general education program is designed to provide some flexibility in course selection and learning experiences in a wide range of subjects needed for students to pursue a career of their choice. The university will also provide the support services needed for the culturally and educationally diverse students to achieve their goals. The philosophy and goals of the nursing department are congruent with the university mission and goals. The nursing faculty believes that individuals interested in nursing should have a program of study structured or planned that will foster students' successful pursuit of their goal.

Second: Following the review and evaluation of the mission and goals of the university and the department, we looked at the characteristics of our student population. NCCU has an open admission policy and any individual may enroll regardless of performance on standardized tests. Many students are adults who acquired their diploma by successfully passing the high school equivalency test (GED). To assist students who have deficits or gaps in their education, the university's Academic Skills Center provides diagnostic testing, remediation, and counseling.

Because the nursing faculty desired profiles on students who declared nursing as a major on admission to the university, we decided to request that the Academic Skills Center do diagnostic testing on all pre-nursing students regardless of admission status, performance on SAT (or other standardized test scores), or grades on high school transcripts. Students whose test profiles demonstrated deficits in reading comprehension, English composition, or mathematics received tutoring and counseling from the Academic Skills Center to assist them in removing the gaps in their basic education. Before Academic Skills took over the testing program the nursing department had done the diagnostic testing and counseled the students concerning remediation. However, we felt it could be handled better by the Academic Skills Center. This will be evaluated again.

Third: The nursing faculty reviewed state and national accreditation standards and guidelines to ascertain that the nursing curriculum (and courses offered) met their criteria.

Fourth: The nursing faculty reviewed the philosophy, goals, and conceptual framework of the nursing curriculum, plus characteristics of the graduates to determine the pre-nursing education courses required for freshmen to gain the appropriate knowledge foundation for nursing.

Fifth: Following the analysis and evaluation process, we selected courses from the general education program which would produce or provide the cognitive, psychomotor, and affective behavior or skills which provide the foundation for upper division nursing courses, and from which some of the concepts, threads, and theoretical formulations in the conceptual framework were derived.

Courses designated as required for all nursing majors included biochemistry, mathematics, logic, health education, psychology, sociology, anatomy and physiology, microbiology, and nutrition. The students have the flexibility of selecting additional courses according to their own interests and needs as long as they meet the university's general education requirements. We also included in our nursing curriculum two electives of the students' choice which gives them some additional flexibility.

Sixth: The nursing faculty met with department chairpersons and faculty assigned to teach the required general education courses and reviewed outlines, objectives, teaching strategies, and course content to determine if the behaviors

desired could be achieved. Changes were made if it seemed advisable or appropriate. We have found that this system has been beneficial in keeping communication open and meeting the needs of pre-nursing students.

Seventh: Nursing student performance in required courses was reviewed on admission to the upper division major. In addition, performance or proficiency tests were reviewed to determine if students' reading comprehension, mathematics, and English composition skills were average or above. Pre-tests were used in nursing courses to assess the degree of attainment of required concepts, knowledge, and skills from general education courses. If gaps were identified, this required closing them through review, independent study, or reteaching content. Further investigation was conducted to determine what went wrong or what happened. This was done in several ways. Course end grades were reviewed, and transcripts were reviewed to determine whether courses had been repeated to remove a deficit grade (at NCCU a "D" may be removed by repeating the course and the higher grade is recorded on the transcript). In addition, nursing faculty were assigned to audit required courses to see if they were in fact being implemented as described. Students were also requested to describe what content was covered in the required courses and how they felt the course content related to nursing or was being applied in nursing courses.

Once this process was completed the nursing faculty met, discussed the findings, and reached the conclusion that to close the gap in basic education the following concurrent actions must be pursued continuously:

1. We must know our students' assets and liabilities at all times. Each class admitted to the university and to the upper division major are different, so this is an ongoing process.

2. We must utilize support services to assist the students, once they are admitted, to remove deficits in order for them to achieve their career goals.

3. We must keep dialogue open between the departments and faculty assigned to teach required courses, since a faculty member's individual interest tends to influence the content they emphasize in a course, and sometimes they exclude required information.

For example, logic is included to assist the students in gaining skills in analytical, deductive, and inductive reasoning. However, the present faculty uses the mathematical model rather than the philosophical model, and students have difficulty in understanding the process. When faculty members use the more philosophical approach, students seem to do better.

Also, the anatomy and physiology course is often divided into several sections in order to accommodate all of the students. Each section is taught by a different instructor. Sometimes the content taught differs among the sections. If, for instance, all body systems are taught in one section and not others, some students who enter nursing may have gaps in content which will be a handicap.

These examples point out the need for nursing faculty to emphasize to faculty who teach pre-nursing, general education courses what information is required for application in nursing, to avoid gaps.

The Interdisciplinary Task Force from the Southern Regional Education Board project has been helpful in promoting dialogue and better understanding between faculties in the various departments. Some of the activities in the nursing department have been influential in the revision of the general education program currently in process.

4. Through admission requirements to the upper division nursing major, we identify those students who exhibit behaviors which are predictive of success and have closed the gap in their basic education. In reviewing the profiles of graduates who successfully complete the nursing major and the writing of the licensure examination (although the research is not complete), it appears that the students who achieve grade point averages of C+ or above in the natural sciences, above average on the proficiency tests in mathematics, reading comprehension, and English composition are usually successful in achieving their career goals. Further evaluation of performance in specific mathematical computations such as fractions, ratio and proportions, decimals, and the metric system needs to be done because the nursing faculty have found that students with lack of skill in this area have difficulty in computing drug dosage. We are now working

with the mathematics department and Academic Skills Center to do diagnostic testing of pre-nursing students so that remediation can be offered earlier. (We recognize that this area of competence should have been achieved at the secondary school level but we must take the students where we find them and bring them into the mainstream.)

We have also found that students with reading deficiencies have difficulty in writing skills and understanding what they read in nursing textbooks and tests, and that this relates directly to failures in performance of tasks requiring cognitive and affective skills (thinking and judging).

5. Nurse faculty are assigned to the faculty advisory service--at NCCU all students in the first two years are provided academic advice at one center during the first two years and at the department level after entry into their major. Nurse faculty need to counsel the pre-nursing majors because we understand their course needs (it also provides role identity), and assures their enrolling in the three" R's" (reading, writing, arithmetic [mathematics]), and support courses.

THE EFFECT OF THE MYERS-BRIGGS TYPE INDICATOR (MBTI) ON STUDENT RETENTION RATE IN AN ASSOCIATE DEGREE NURSING PROGRAM

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Kentucky State was founded in 1886 in Frankfort, Kentucky. It is a relatively small university with about 2,500 students. Historically, it was a segregated black institution. Today, many consider Kentucky State to be the best integrated university in the state: about 50 percent of the students are black and 50 percent are white. The Associate Degree Nursing Program began in 1966. It is accredited by the National League for nursing. This year we have a total of 115 nursing students.

Our students have very diverse backgrounds. We have more nontraditional than traditional students; "traditional" meaning white, single females, straight from high school with 2.0 or higher grade point average. At present, less than 2 percent of our 115 students meet this definition of traditional students. This diverse student population makes our lives very interesting. It also means coping with a multitude of diverse problems related to trying to help our students succeed.

For example, during the past year students have asked us for help with the following problems: child abuse and spouse abuse; divorced husbands refusing to pay child support; the death of a newborn; and absences resulting from a subpoena to appear in court because of physical violence to them or to members of their families. We also had a student come to us when her mother was shot by a boyfriend. Another student sought help when she was shot by her alcoholic husband.

These examples represent only a few of the many problems students have brought to us during the past year. I could give you more but I think you have heard enought at this point to understand the nontraditional problems of many of the nontraditional students who make up over 98 percent of our nursing program.

The objectives of the FDN project at our site are:

1. Use the Myers-Briggs type of indicator (MBTI) to identify the following:

a. faculty types

b. student types

c. faculty preferences for using different instructional strategies

d. different learning styles for the different types

2. Based on the information gathered from the preceding objectives, begin to revise the curriculum to better meet the instructional needs of students with different learning styles.

The Myers-Briggs Type Indicator is a questionnaire which was first published in 1962 by the Educational Testing Service. It uses that part of Jung's theory which describes psychological types. The essence of the theory is that variations in behavior which seem random are actually consistent and orderly when one understands the differences in the way people prefer to use their perception and judgment. The Myers-Briggs has helped us understand the way people prefer to use their minds and run their lives. The Center for Applications of Psychological Type (CAPT) is the Myers-Briggs' organization. (For more information about the Myers-Briggs Type Indicator write to: Center for Applications of Psychological Type, Inc., Publications Department A, 414 S. W. 7th Terrace, Gainesville, Florida 32601.)

To administer the Myers-Briggs, you need test booklets and answer sheets. It takes about thirty minutes to complete the answer sheet. Directions for completing it are given in the test booklet. Keys can be purchased for scoring the test but I recommend that you mail them to the Center for Applications of Psychological Type. They will score the answer sheets and return them with a Type-Report for each student, identifying their Type and giving information about it. It takes about two weeks to receive the reports. The price for scoring the answer sheets varies -- the more you send, the cheaper the price. For example, currently the price ranges from one dollar for each answer sheet when 200 or more are sent, to four dollars when only one answer sheet is sent.

The three main parts of the presentation are:

1. what we did - the end results of our activities.

2. why we decided to take the particular actions that led to these results.

3. how we did it - some of the academic approaches we used.

What We Did - the end results of our activities

I am going to show you some of the changes that have occurred in our state board scores and in our retention rate since we started the FDN project. I think it is relevant to tell you our graduates have a mean ACT Score of about twelve.

On the last board exam, we had a 75 percent passing rate on first writing. We are continuing to work on improving this passing rate, since Kentucky requires an 80 percent passing rate on first writing.

Three figures show some specifics on the progress we have made since beginning the FDN project.

Figure 1 shows the mean scores on state boards in 1975, before we started the project, compared to the mean scores in 1980, after several years of involvement in the project. The scores have risen from 387 to 448.

Figure 2 shows how the last graduating class did on the first writing of each of the five areas on the boards. These figures do not show one point that we think is significant. Among those passing boards on the first writing were a number of students who had ACT Scores of 11 to 14. All of the students who failed on the first writing passed on the second.

Figure 3 shows the retention rate in the first two nursing courses. It has steadily improved since we started the FDN project. These retention rates are better than the national retention rate of 73 percent which was published in the 1981 National League for Nursing Data Book (NLN).

Figure 1. Changes in Class Mean Scores on State Board Test Pool Exams: 1975 compared to 1980

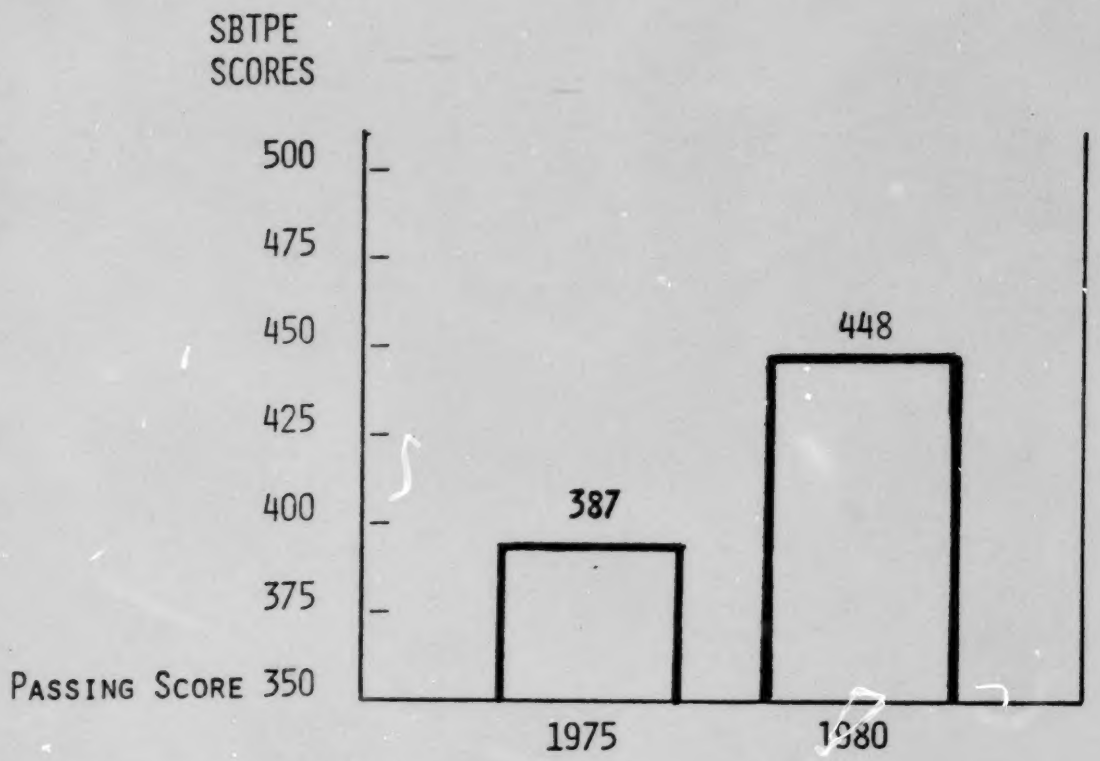
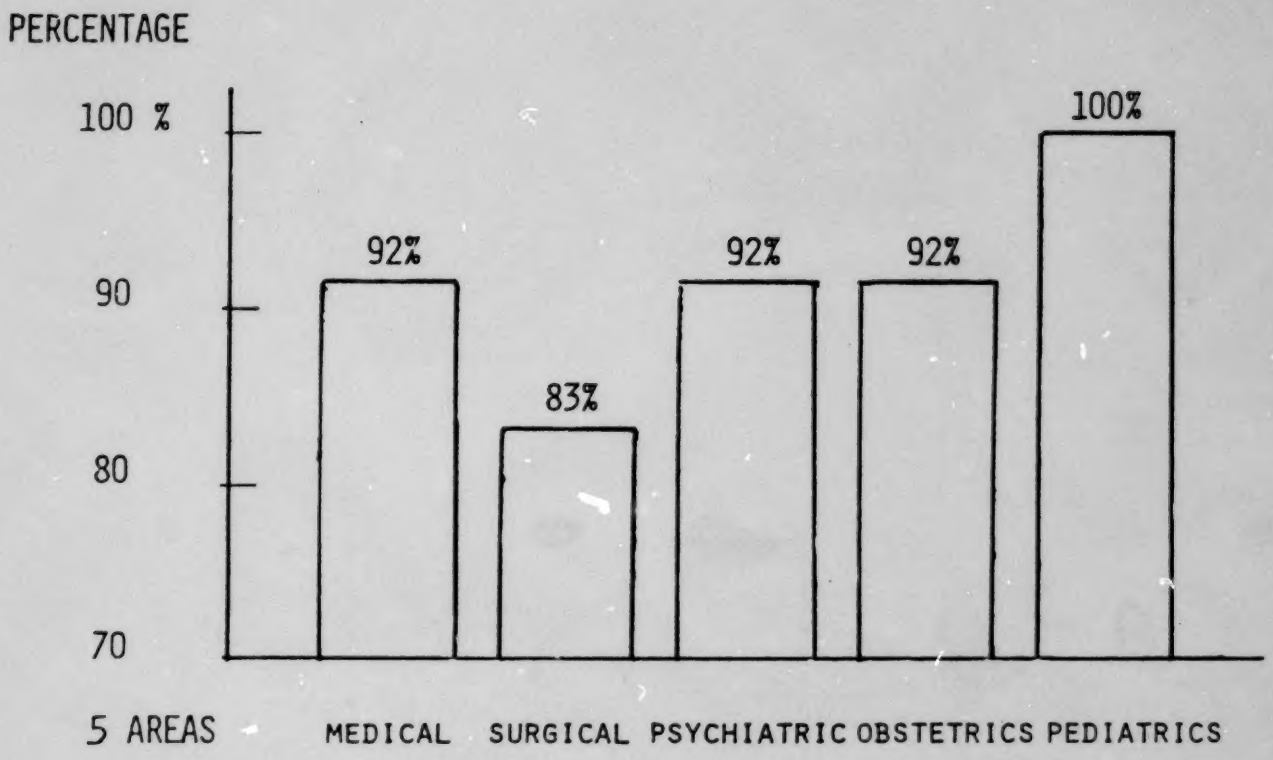
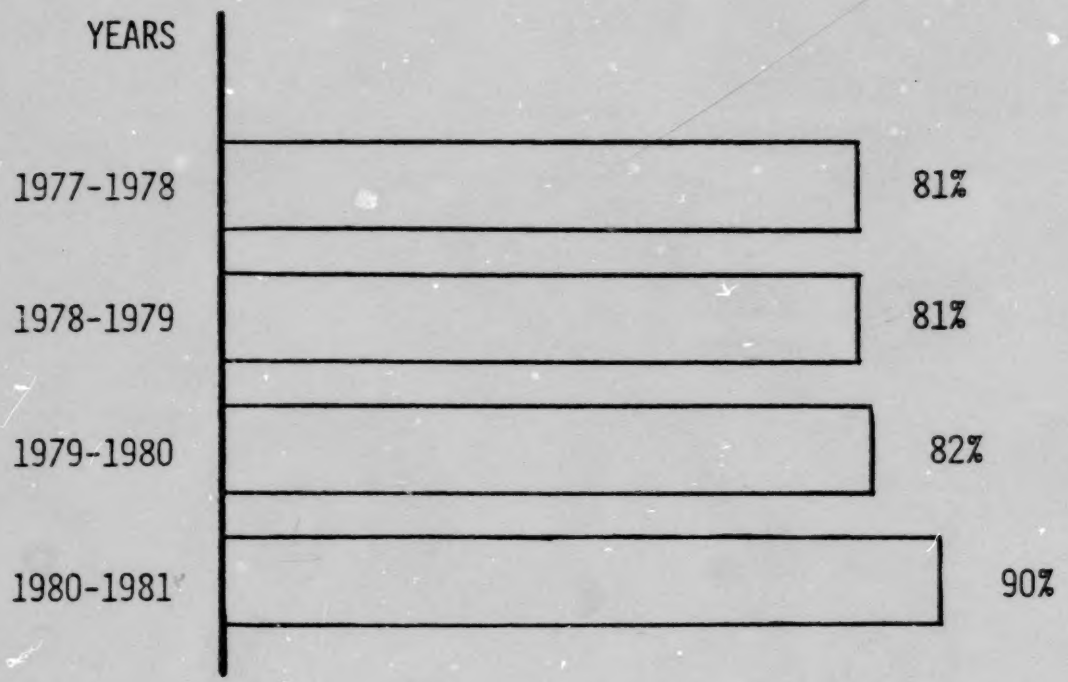


Figure 2. Percentage of Students Passing Each of the 5 SBTPE* Areas on First Writing: July 1981



*SBTPE: State Board Test Pool Exam

Figure 3. Rentention Rates: First Two Nursing Courses
Nursing I and Nursing II 1977 - 1980



Why we decided to take the particular actions that led to these results

Our actions were based on what we learned about our students from using the Myers-Briggs Type Indicator. To understand the reasons behind our actions, you need to know a little more about the Myers-Briggs.

The chart entitled "Myers-Briggs Type Indicator, Understanding the Type Table" is on pages 101 and 102. The four letters in each of the 16 squares represent the 16 different Types. Each of the letters stands for one of four preferred ways of using your mind and handling your life. Altogether there are eight preferred ways or preferences. The eight preferences are divided into four pairs. The Type shows which one of the four pairs a person prefers to use. Each letter in the Type stands for one preference.

It is important to point out that I am talking in generalities concerning the Myers-Briggs. What I will say applies to groups. Not all of the characteristics I will describe apply to every individual of the same type or same preference. Not every single person in any group acts exactly alike. With the Myers-Briggs, you could have several very different acting people who were the same type. For example, one type might be said to be very creative thinkers. How individuals of this type used their creativity could make them seem very different: one may be a creative teacher, another a creative mechanic, and still another a creative thief.

The first pair of preferences are "E" and "I" - Extraversion and Introversion. E's are good communicators. They like plunging into new experiences. I's rarely plunge into anything unless they are shoved. I's prefer to think things over first. I's are also unlikely to volunteer information. If you want to know what an I is thinking, you need to ask them. You cannot rely on facial expressions to indicate how an I feels. You are much more likely to be able to read how an E feels in this way.

The second pair of preferences are "S" and "N" - Sensing and Intuition. These two preferences are the most important ones in identifying learning styles and learning needs. They tell how a person prefers to learn or to find out about the world around them. S's tend to learn better by doing - by experience. In nursing, S's usually learn best and do their best in the clinical area. In contrast, N's generally have a hard time mastering skills. They tend toward klutziness.

MYERS-BRIGGS TYPE INDICATOR

UNDERSTANDING THE TYPE TABLE

FOUR PREFERENCES ARE SCORED TO ARRIVE AT A PERSON'S TYPE

DOES THE PERSON'S INTEREST FLOW MAINLY TO

E — THE OUTER WORLD OF ACTIONS, OBJECTS AND PERSONS? — EXTRAVERSION

I — THE INNER WORLD OF CONCEPTS AND IDEAS? — INTROVERSION

DOES THE PERSON PREFER TO PERCEIVE

S — THE IMMEDIATE, REAL, PRACTICAL FACTS OF EXPERIENCE AND LIFE? — SENSING

N — THE POSSIBILITIES, RELATIONSHIPS AND MEANINGS OF EXPERIENCES? — INTUITION

DOES THE PERSON PREFER TO MAKE JUDGMENTS OR DECISIONS

T — OBJECTIVELY, IMPERSONALLY, CONSIDERING CAUSES OF EVENTS & WHERE DECISIONS MAY LEAD? — THINKING

F — SUBJECTIVELY AND PERSONALLY, WEIGHING VALUES OF CHOICES & HOW THEY MATTER TO OTHERS? — FEELING

DOES THE PERSON PREFER MOSTLY TO LIVE

J — IN A DECISIVE, PLANNED AND ORDERLY WAY, AIMING TO REGULATE & CONTROL EVENTS? — JUDGMENT

P — IN A SPONTANEOUS, FLEXIBLE WAY, AIMING TO UNDERSTAND LIFE AND ADAPT TO IT? — PERCEPTION

-101-

THE LOCATION OF THE 16 PREFERENCE TYPES ON THE TYPE TABLE

ISTJ	ISFJ	INFJ	INTJ
ISTP	ISFP	INFP	INTP
ESTP	ESFP	ENFP	ENTP
ESTJ	ESFJ	ENFJ	ENTJ

EXTRAVERSION-INTROVERSION

I
E

SENSING-INTUITION

S	N

THINKING-FEELING

T	F	T

JUDGMENT-PERCEPTION

J
P
J

THE THEORY: DOMINANT AND AUXILIARY FUNCTIONS FOR EACH TYPE

According to Jung's theory of psychological types, everyone uses all four *functions* (S, N, T, F), and adopts all four *attitudes* (E, I, J, P). The types are called *preference types* because people in each type *prefer* one of the two *perceptive functions* (S or N), and one of the two *judgment functions* (T or F). These preferences appear in the 2 middle letters of the type formula. Types also differ in the functions they prefer to use when in the introverted or extraverted attitudes.

The most preferred, or favorite, or *dominant function*, is extraverted in E types and introverted in I types. The second favorite or *auxiliary function* is introverted in E types and extraverted in I types. The type table below shows these relationships for each of the 16 MBTI types.

ISTJ INTROVERTED SENSING with Thinking Sensing is dominant and introverted Thinking is auxiliary and extraverted	**ISFJ** INTROVERTED SENSING with Feeling Sensing is dominant and introverted Feeling is auxiliary and extraverted	**INFJ** INTROVERTED INTUITION with Feeling Intuition is dominant and introverted Feeling is auxiliary and extraverted	**INTJ** INTROVERTED INTUITION with Thinking Intuition is dominant and introverted Thinking is auxiliary and extraverted
ISTP INTROVERTED THINKING with Sensing Thinking is dominant and introverted Sensing is auxiliary and extraverted	**ISFP** INTROVERTED FEELING with Sensing Feeling is dominant and introverted Sensing is auxiliary and extraverted	**INFP** INTROVERTED FEELING with Intuition Feeling is dominant and introverted Intuition is auxiliary and extraverted	**INTP** INTROVERTED THINKING with Intuition Thinking is dominant and introverted Intuition is auxiliary and extraverted
ESTP EXTRAVERTED SENSING with Thinking Sensing is dominant and extraverted Thinking is auxiliary and introverted	**ESFP** EXTRAVERTED SENSING with Feeling Sensing is dominant and extraverted Feeling is auxiliary and introverted	**ENFP** EXTRAVERTED INTUITION with Feeling Intuition is dominant and extraverted Feeling is auxiliary and introverted	**ENTP** EXTRAVERTED INTUITION with Thinking Intuition is dominant and extraverted Thinking is auxiliary and introverted
ESTJ EXTRAVERTED THINKING with Sensing Thinking is dominant and extraverted Sensing is auxiliary and introverted	**ESFJ** EXTRAVERTED FEELING with Sensing Feeling is dominant and extraverted Sensing is auxiliary and introverted	**ENFJ** EXTRAVERTED FEELING with Intuition Feeling is dominant and extraverted Intuition is auxiliary and introverted	**ENTJ** EXTRAVERTED THINKING with Intuition Thinking is dominant and extraverted Intuition is auxiliary and introverted

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THE 4 COLUMNS: COMBINATIONS OF PERCEPTION AND JUDGMENT

SENSING PLUS THINKING	SENSING PLUS FEELING	INTUITION PLUS FEELING	INTUITION PLUS THINKING
ST	**SF**	**NF**	**NT**
PRACTICAL AND MATTER-OF-FACT	SYMPATHETIC AND FRIENDLY	ENTHUSIASTIC AND INSIGHTFUL	LOGICAL AND INGENIOUS
Like using abilities in	Like using abilities in	Like using abilities in	Like using abilities in
TECHNICAL SKILLS WITH FACTS AND OBJECTS	PRACTICAL HELP AND SERVICES FOR PEOPLE	UNDERSTANDING & COMMUNICATING WITH PEOPLE	THEORETICAL AND TECHNICAL DEVELOPMENTS
for example in	for example in	for example in	for example in
Applied science Business Production Construction and many more	Patient care Community service Sales Teaching and many more	Behavioral science Research Literature & art Teaching and many more	Physical Science Research Management Forecasts & Analysis and many more

THE 4 QUADRANTS: COMBINATIONS OF ATTITUDE AND PERCEPTION

INTROVERSION AND SENSING **IS** KNOWLEDGE IS IMPORTANT TO ESTABLISH TRUTH "THOUGHTFUL REALISTS"	INTROVERSION AND INTUITION **IN** KNOWLEDGE IS IMPORTANT FOR ITS OWN SAKE "THOUGHTFUL INNOVATORS"
EXTRAVERSION AND SENSING **ES** KNOWLEDGE IS IMPORTANT FOR PRACTICAL USE "ACTION-ORIENTED REALISTS"	EXTRAVERSION AND INTUITION **EN** KNOWLEDGE IS IMPORTANT FOR CREATING CHANGE "ACTION-ORIENTED INNOVATORS"

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Usually they will have a number of black and blue marks on various parts of their bodies, and they are not likely to know how they got them. I am an "N", and I can personally verify what I am saying about them. N's also have problems with directions. My advice is if you are ever with an "N" in a new place, never follow them. If you go the opposite way, chances are good that you will get to your destination. N's usually shine, however, in the classroom. They enjoy reading and theories. They also tend to do well on written tests. Studies show most college teachers are N's.

The third pair of preferences are "T" and "F" - Thinking and Feeling. These preferences tell how a person usually makes decisions. A good example of a T way of deciding can be seen in Dr. Spock on "Star Trek" - very analytical, objective, and logical. F's decisions are also logical, but they place more weight on personal values. T's can seem to be too hard-hearted, and F's can seem to be too soft-hearted, especially to each other. T's tend to be more truthful than tactful, and F's tend to be more tactful than truthful. F's are usually fashion-plates: well-dressed with the latest hair-do. T's are more likely to forget to comb their hair.

The fourth pair of preferences are "J" and "P". These preferences tell how a person uses their S-N and T-F preferences in actually dealing with the world. J's prefer having some control over their lives while P's prefer to adapt to whatever comes along. J's like lists, clocks, calendars, schedules, and durable products. P's don't! They dislike being pinned down to anything. They are the free spirits among us. One way I have found to help a person to determine whether they are a J or a P is to think about the gas gauge in their car. You are probably a J if you feel uneasy when it falls below a quarter-full. If you are a P, it is possible that your gas gauge is broken, and you can't see any reason to fix it. If you do have a working gauge, the pointer is likely to spend most of its life on, or near, the Empty mark. P's find this kind of thing exciting. J's don't! Unless they understand how people differ, they are likely to find it incomprehensible and inexcusable. J's can waste a lot of their time--which they value highly--trying to reform P's in their own image.

In most nursing programs, N's predominate on the faculty. N's are the ones who prefer theory to practice and tend toward klutziness. CAPT did a study of 294 schools of nursing that showed 60 percent of the faculty members were N's and 40 percent were S's - the ones who do their best work in the clinical area. These percentages of N's and S's making up the faculties

in nursing programs are in direct contrast to the percentage of N's and S's among nursing students. Most nursing students are S's. Figure 4 shows that more than half of the students in the 7,000-plus undergraduate programs studied were S's - Sensing students.

Figure 4. Percentage of Sensing ("S") Nursing Students Found in Different Types of Nursing Programs

TYPE OF NURSING PROGRAM	PERCENTAGE OF SENSING STUDENTS*
1. LPN	70 percent
2. DIPLOMA	67 percent
3. ASSOCIATE DEGREE	61 percent
4. BSN	52 percent
5. GRADUATE	42 percent

*Data collected from 7,226 nursing students in the USA by the Center for Applications of Psychological Type.

Source: McCauley, M. H., Application of the Myers-Briggs Type Indicator to Medicine and Other Health Professions: Monograph I. The Center for Appications of Psychological Type, 1978, p.70.

Seventy percent of our nursing students at Kentucky State for the past five years are S's. Nationally, studies completed by CAPT have shown two of the S-Types account for almost one-third of all the nursing students. The studies I have done at Kentucky State show almost exactly the same results. Thirty-two percent of the 145 students fall into these two Types: ISFJ's and ESFJ's.

It is easy to understand why S's -- particularly SF's -- are found in such a high percentage in nursing. Some of the strongest traits found in S's, and especially in SF's, are the characteristics people expect to find in nurses. They are usually: sympathetic and friendly, concerned with people and their well-being, attentive to details, observant, willing to make personal sacrifices to help other people, and skillful and enjoy providing direct patient care (bedside nursing).

After we realized how many S-students there were in our nursing program, we looked at how well we were meeting their particular learning needs. We did this by collecting data on the percentage of S-students who failed and also on the percentage of N-students who failed. Figure 5 shows the results -- almost half of the S-students had flunked out of the nursing program in their first year! Worse was the fact that during the same time period not a single N-student had failed.

The high failure rate of our S-students is the reason we decided to take the particular actions that led to the results you saw earlier in the presentation. It was decided that the issue which should be given top priority was better meeting the learning needs of S-students in order to increase their retention rate.

Throughout the project, we have also kept an eye on our N-students to be sure the changes that were made did not have an adverse effect on them. They haven't.

How we did it -- some of the academic approaches we used

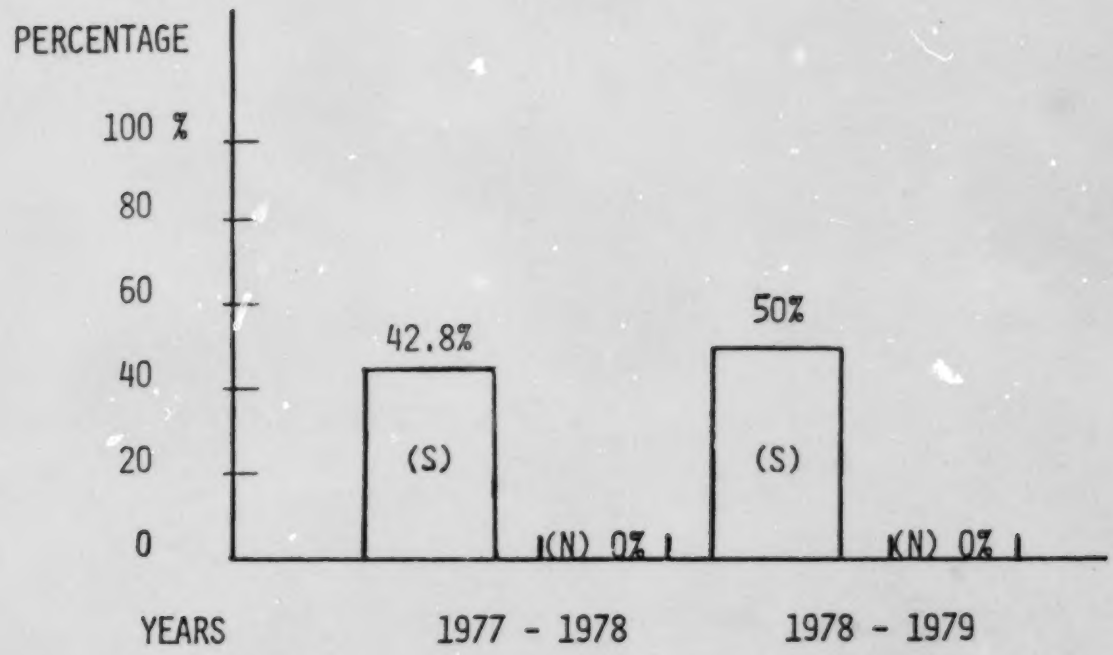
We began by focusing our efforts on identifying the particular learning needs of S-students. The next stop was identifying and implementing academic approaches to learning which would meet the learning needs of the S-students. Through the FDN project we were able to have three campus workshops on these subjects.

Sensing "S" (Linear) Learners Compared to Intuitive "N" (Global) Learners

N's, the Intuitive learners, prefer theory to practice. They enjoy reading and discussing implications more than "doing". They do not like task-oriented efforts. N's enjoy making what are called "Intuitive Leaps." This means being able to use quick, creative insight to perceive relationships and meanings. They become bored with repetition and impatient with routine work.

S's, the Sensing learners, prefer practice to theory. They are more interested in performing tasks than in discussing their implications or reading about them. They learn more from direct, hands-on experiences than from books. S's prefer working with tangible objects - using their five senses to

Figure 5: Failure Rate in First Two Nursing Courses (Nursing I and Nursing II): Classified by Sensing (s) Students and Intuitive (N) Students for the Years 1977-1978 and 1978-1979



learn - working with facts. They work in a steady, step-by-step manner and enjoy practicing well-learned skills. They are good at and enjoy checking, inspecting, and "reading the fine print" - precise work.

The difference between S-students and N-students related to testing is particularly important. S's do better on performance tests - skills' tests. Performance testing provides S's with the opportunity to demonstrate the type of things they do best. They have a clear-cut explanation of what is expected of them, and it is given in step-by-step, one-detail-at-a-time manner. They are able to work with tangible objects and use their five senses in the process. N's do better on written tests. Studies by CAPT have shown that written tests which include teacher-made and standardized tests are usually designed by N's. These studies have also shown this type of test usually tests the type of things that N's do best: speed of comprehension, ability to read between the lines, making relationship, etc. These are the very kinds of things that S's have difficulty doing.

Based on what we learned about meeting the learning needs of S-students, we made a number of changes in the curriculum.

The first major change was revising the curriculum in the second nursing course, Nursing II. A faculty committee received a grant from the university to do this one summer. We focused most of our efforts on the course outline which students and faculty members are expected to follow. We tried to make it as clear and easy to understand as possible. For example, the exact titles and page numbers of required references were given. We were astounded at the number of things on the "old" outline which required "intuitive leaps". We eliminated them and substituted clear-cut explanations of what was expected of students. This included rewriting objectives and developing related test questions.

The second major change was the decision to begin using the Lippincott Learning System published by the J. M. Lippincott Company. It now makes up almost the entire content of the first nursing course: Nursing I, Fundamentals of Nursing. Lippincott publishes more than one "Lippincott Learning System." We use Fundamental Nursing Skills. We found the Fundamental's system to be particularly appropriate for meeting the learning needs of S-students. We decided their Introduction to Psychiatric Nursing did not meet our needs. This does not mean it isn't good; it only means we decided it wasn't right for our purposes. The Lippincott Fundamental's

series includes a variety of instructional materials, and we use all of them: filmstrips and audio-tapes, student workbooks, teacher's guides, and written and performance tests. The Lippincott System is very expensive. If you buy everything, it will run into the thousands. They do offer a review and rental policy. We purchased the entire Fundamental's series, and based on the results we have had in using it, we are glad we did. (For more information on the Lippincott Fundamental's Learning System write to: J. B. Lippincott Company, Department of Audiovisual Media, Media Sales Manager, East Washington Square, Philadelphia, Pennsylvania 19105.)

The third major change we made was the development and addition of instructional units on medical terminology to the first three nursing courses. Kathy Conlon, an evaluator for the FDN project, is responsible for this change. On one of her evaluation visits to Kentucky State, she suggested that we try this.

I designed the three units specifically to meet the learning needs of S-students. They are step-by-step, one detail at a time, and the students are provided with a clear understanding of what is expected of them.

The students begin using the instructional units in the early weeks of the first nursing course: Nursing I. One fifty-minute class period is used to provide the students with all the direction they will need to successfully complete all three units. The only thing the instructors have to do after the orientation period is to give the students several handouts and about ten minutes of class time each week for testing. There are ten weekly and two comprehensive tests. All tests are two parts. On Part I, students must learn ten elements and their definitions. On the weekly tests, they are given five elements and five definitions - they must write in the correct definition and element for each of them. On the comprehensive test, they must correctly match all the elements and definitions covered to date. On Part II of all the tests, students are given a medical term composed of elements they have covered. Their answers are written on a form provided. They must first break down the term into its elements, then define each of the elements, and finally based on what they have written thus far, provide the definition of the medical term. On the weekly tests, they are given one medical term. On the comprehensive test, they are given five medical terms. On Part I, students are responsible for learning 10 different elements and definitions each week. On Part II, they are accountable

for every element and definition that has been covered. The medical term they are given could be composed of any elements they have had since beginning the units on medical terminology. This means students may be given a medical term in Nursing III - the third nursing course, which has elements they learned in Nursing I - the first nursing course.

Knowing how protective nursing instructors tend to be about their class time, I designed the units to take as little of it as possible. They must bring the tests and transparency keys for them to class, place the tests in designated folders and place the keys on the overhead projector at the appropriate time. They must also time the tests and tell the students when half of the time allowed has passed. Students pick up their tests, grade another student's tests, re-check and note the grade received on their tests, and return them to the designated folders. All of this takes about ten minutes.

The units are used in a way that discourages students from being late for class. The tests are scheduled to begin at the same time class is scheduled to begin. If class begins at 10:00 AM and if a student comes in at 10:03, they know they have three minutes less to pick up and complete the tests than those students who were on time for class. Since we started using the terminology units, there has been a dramatic decrease in the number of students who are late for class on the days tests are scheduled.

(A complete copy of the three units -- the lesson plans, student handouts, tests and keys -- were displayed for the conference participants.)

We are very pleased with the results of using the terminology units. I want to remind you that S-students have a very hard time with abstracts - words are abstracts and medical terms must be among the most abstract words of all. Also remember, over 70 percent of our students are S-students.

The faculty kept three goals in mind with every change that was made in the curriculum. The first related to all students: the necessary content must be covered. The other two goals were directly related to meeting the identified learning needs of S-students. The information that is given must be easy to follow and it must be easy to understand. The faculty's evaluations of the Lippincott Learning System and the terminology units indicated these goals were accomplished. We did not think this was an adequate evaluation of the second and third goals - "Is it easy to follow and understand?" We

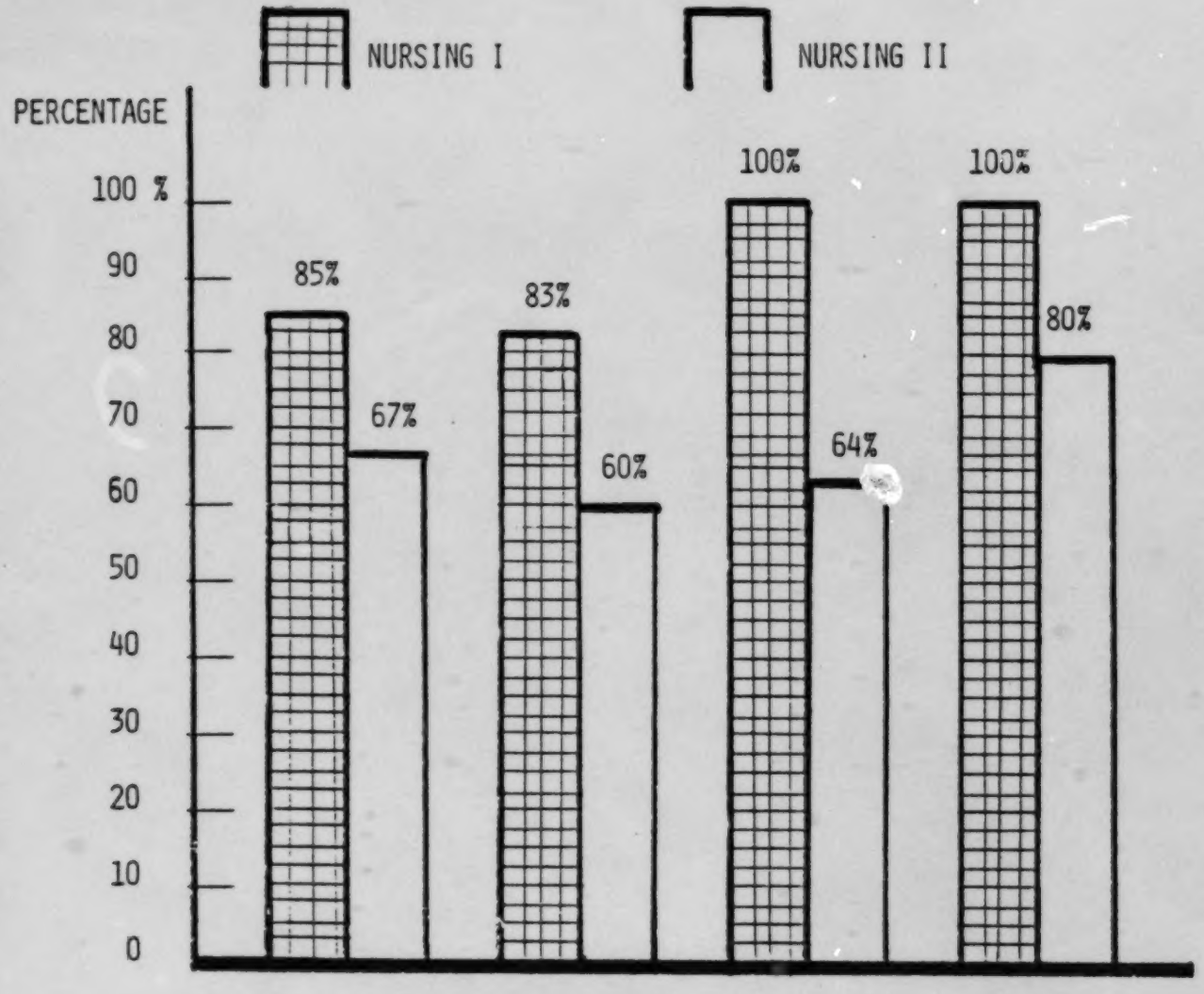
decided the students were in a better position to make that decision. We developed student questionnaires for this purpose--one for the Lippincott and one for the terminology. They were completed anonymously by the students. The results showed the students also thought the Lippincott and the terminology units were easy to follow and understand.

In addition to S-students telling us that the changes made were meeting their learning needs, we also began to see significant improvement in the retention rate for S-students in the first two nursing courses (see Figure 6). I want to remind you that before we made the changes in our academic approaches, nearly half of the S-students failed during their first year in the nursing program. Nursing I, the first nursing course, is represented by the checkerboard bars. Look at the retention rate for S-students in Nursing I for the last two years shown. We are very proud of those 100 percent figures. You can also see the retention rate is improving in Nursing II, the second nursing course. It has risen from 60 percent to 80 percent.

Some comparatively minor, yet important changes that we made have had positive effects. We do reading levels on all textbooks--the lower the better. We have been able to find appropriate texts with tenth and eleventh grade reading levels. There are a number of reasons why we decided to use texts with the lowest reading level possible. The primary reason was to make it easier for S-students--to lessen the cognitive strain required. S-students tend to be slow readers. We have found books with lower reading levels that say what is necessary in fewer words. S-students also tend to have difficulty with abstract symbols. Printed words are abstract symbols. The more complex words are, the more difficult it is for S-students to handle them.

The overwhelming majority of the complaints about the texts we use do not come from the students but from faculty members, particularly when they are relatively new on the faculty. We have learned that the textbooks instructors generally prefer to use are rarely textbooks with low reading levels. To offset problems that might develop in this area, we have a policy that is rigidly enforced. Whenever a faculty member is considering changing a text, they must first do a reading level on the one they are considering for adoption. They must then present the results of the readibility test and their reasons for requesting a change to the entire faculty. No text is changed without the consent of the faculty as a whole.

Figure 6: Retention Rates for Sensing (S) Students Classified by Class, Year and Major Curriculum Changes



YEARS	1977-1978	CURRICULUM CHANGES	1978-1979	1979-1980	1980-1981
NURSING I	BEGAN USING MBTI [1]		LLS [2]	EMT [3]	——
NURSING II			——	EMT [3]	——

[1] MBTI Myers-Briggs Type Indicator
[2] LLS Lippincott Learning System
[3] EMT Elements of Medical Terminology

Sources: Myers, I. B. (1962) and McCaulley, M. H. (1974, 1976, 1978) Adapted by Venèda Martin

The form on page 113, Changes Made in Instructional Methods/Materials to Better Meet Identified Learning Needs of Students, shows another change we made in the program based on the Myers-Briggs. A copy of this form is completed each semester by each faculty member and they are all scheduled to be discussed at a faculty meeting. The purpose of this change was to take regular and specific action in each course, during each semester, to better meet the learning needs of the students. The scheduled discussion of the forms at a faculty meeting provides us with a definite time each semester to sit down together and to share ideas and learn from each other.

The form on page 114, Determining Your Grade Point Average (GPA), is an example of the kind of results that are produced through use of the form. It is a handout that is given to freshmen students to use in determining their grade average. "Grade Point Average" can be one of those academic terms that mystify new college students. This handout takes all the mystery out of it. It is a simple way for students to keep track of their GPA.

The use of Learning Prescription Cards is another change made in the program because of the FDN project. (See sample, page 115.) Dr. Rosemary Ammons conducted two workshops on campus on learning and the Myers-Briggs. She developed sixteen separate learning prescription cards based on the Myers-Briggs for us to use with students. This shows the one for ISFJ's. The cards identify specific learning strengths and weaknesses and provide suggestions on how to handle them for instructors and for students.

We have found one of the strongest points for using the Myers-Briggs in advising students is that it makes it possible for us to correct without wounding.

From all the experiences we have had with the FDN project and from the Myers-Briggs, we have learned that one of the most effective ways to teach all students--especially S-students--the many abstract, intangible ideas and concepts in nursing is to provide different kinds of sensory input by using tangible examples, preferably objects that can be seen and touched. Providing tangible examples makes it easier for the learner to mentally associate the tangible example with the intangible idea or concept to be learned.

One of the most important things we have learned during the process of implementing the FDN project at Kentucky State applies not only to those who are directly involved in project activities, but also to those who are indirectly involved--

KY STATE UNIVERSITY
NURSING DEPT.
INSTRUCTORS' USE ONLY
MBTI/SREB-VSM:9/79

CHANGES MADE IN INSTRUCTIONAL METHODS/MATERIALS TO BETTER MEET IDENTIFIED LEARNING NEEDS OF STUDENTS

INSTRUCTOR _____
DATE _____
MBTI TYPE _____
NURSING NO. _____

EVERY FACULTY MEMBER IS RESPONSIBLE FOR COMPLETING AT LEAST ONE OF THESE FORMS EVERY SEMESTER. AT LEAST ONE WEEK BEFORE THE END OF EACH SEMESTER, THE COMPLETED FORM(S) IS TO BE GIVEN TO THE CHAIRPERSON OF THE NURSING DEPARTMENT. THE CHAIRPERSON WILL PLACE THE FORMS IN THE DEPARTMENT FILES WITH THE STUDENTS' RECORDS. TIME WILL BE ALLOTTED EACH SEMESTER AT A REGULAR MEETING OF THE FACULTY TO DISCUSS THE FORMS.

- -

1. The changes were designed to benefit _____ students.
   MBTI TYPE(S)
2. Approximate amount of time needed for instructor to complete the work required to make this change: _____
3. Identified Learning Need: _____
4. AREA: _____ Class _____ Clinical
5. Section of Coursework _____
6. Form MBTI Learning Prescription Card(s) - The changes were made to help students:
   a. ___ Use their learning strengths to maximum advantage
      - Identify Related Learning Strength: _____
   b. ___ Overcome or compensate for their learning weaknesses.
      - Identify Related Learning Weakness: _____
7. Describe the Changes Made: (If necessary, continue on back of sheet)

8. Describe Students' Reaction to the Change:

DATE DISCUSSED AT FACULTY MEETING: _____

(VSM-1/82) - DETERMINING YOUR GRADE POINT AVERAGE (GPA) -
Nursing 111

1. List every college course you have completed to date.
2. GRADES & "GRADE POINTS": A = 4, B = 3, C = 2, D = 1, F = 0.

SEMESTER: YEAR: COURSES:	FINAL GRADE	GRADE POINTS (See Above)	TIMES	NUMBER OF CREDIT HOURS	EQUALS	GRADE POINTS EARNED IN COURSES
			X		=	
			X		=	
			X		=	
			X		=	
			X		=	
			X		=	
			X		=	
			X		=	
			X		=	
			X		=	
			X		=	
	TOTALS:			TOTAL NUMBER OF CREDIT HOURS COMPLETED		TOTAL GRADE POINTS EARNED

CAREFULLY, COPY THE TWO TOTALS ON THE LINES INDICATED BELOW: THEN DIVIDE AS INDICATED TO DETERMINE YOUR GPA.

123 _____ DIVIDED BY _____ EQUALS _____ 124

Total GRADE POINTS EARNED | Total NUMBER OF CREDIT HOURS COMPLETED | YOUR GRADE POINT AVERAGE (GPA)

KSU 4/82

KSU Nursing Dept:
Instructors' Use:

LEARNING PRESCRIPTION CARD*
Myers-Briggs Type Indicator

#
Type:ISFJ

(Instructor)

LEARNING STRENGTHS

A. Possible Strengths

1. Probable sensitivity to the moods/ feelings of others
2. Able to achieve closure rapidly (this can be a serious weakness if closure is achieved before alternatives are adequately explored)
3. Able to see structure when it is pointed out; can transfer the structure to other appropriate situations
4. Readily able to develop self discipline in order to accomplish tasks that are considered valuable
5. Able to concentrate
6. Tend to approach tasks according to previously learned systems or formulas

B. Suggestions to Student:

1. Relate new materials or problems to previously learned materials; look for similarities and differences
2. When learning involves equipment/ physical objects, read/study about them before or while handling them

C. Suggestions to Instructors

1. Utilize a deductive approach in presentation teaching when teaching concepts and principles
2. Provide some programmed (linear) materials

LEARNING WEAKNESES

A. Possible Weaknesses

1. May have difficulty in developing a wide variety of alternatives
2. May not explore alternatives before accepting conclusion (this is especially troublesome on multiple-choice tests)
3. May accept conclusions on informatoin from other (possibly unqualified) persons without questioning for accuracy or logic (especially if they admire or trust the other person)
4. Not readily able to see structure in situations that are unfamiliar
5. Tend to make choices on the basis of habit; may not willingly try "new" things

B. Suggestions to Student

1. Concentrate on analysis of other alternatives, even after a suitable one is found
2. Before accepting the conclusions of others make sure that they were reached on a sound basis
3. Examine study habits to see if other approaches might be more efficient and effective than old habits

C. Suggestions to Instructors

1. Provide opportunities for producing alternatives through brain storming exercises in groups containing a variety of other learner types
2. Show relationships of new materials or problems to those previously taught

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administrators and others who can have an indirect but significant influence on the success or failure of a project: expect people to be down on what they not up on and act accordingly. There is a wealth of information available on how to prepare people for change. Use it. The changes we made directly affected not only our students but also our faculty members. It also involved others in indirect but important ways. Change demands new ways of thinking and new ways of doing things. It usually means more work. For these reasons, you can meet with many different kinds of opposition. Few of us welcome the opportunity to increase our workload. Just remember: expect people to be down on what they are not up on!

The second thing is the strength. Without this strength, there would never have been the type of results I have shown you today. The strength has been the number of faculty members involved in this project from the first day. They have never waivered in their support nor in their willingness to adapt to change--and to do it with a smile. That has been the key to our success.

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STUDENT COUNSELING AND THE SUPPORTIVE ENVIRONMENT

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Introduction

It is evident from what has transpired already in this conference that many individuals are genuinely committed to opening up nursing career opportunities to people who, in the absence of a supportive environment, would not be among the proud products of nursing education. It pleases me to have been asked to focus your attention on counseling as a significant dimension in providing a supportive climate for students to pursue their career goals. Given the discerning topics and wide-ranging ideas that have engaged our attention and energies already, my assignment presents an extraordinary challenge in introducing some new and different ideas, or addressing some issues which have not yet provoked some reflection. I will attempt first to articulate how the knowledge and skills of professional counseling personnel can be an integral part of the nursing education endeavor.

I am told that my position as a Counseling Psychologist associated exclusively with a nursing student population is something of a novelty among nursing education organizations. Let me assure you, it has been a challenge for me to conceptualize my role and function within the nursing education environment. Articulating a counseling and student development philosophy and program which interfaces with the academic mission of nursing education has been a formidable task. After two years in my position, I have a far more profound appreciation for the Biblical injunction to be "wise as a serpent and harmless as a dove." The premise I live by, as a counselor within a division of nursing, rests in the recognition that my efforts must be compatible with, and supportive of the academic mission of nursing education. And, unless my efforts make a significant contribution to reducing student attrition and helping students progress through their programs successfully, a secure future with exclusive rights to serve the nursing education mission is questionable.

This conference attests to the challenges we all face; namely, institutional complexity and student diversity. The resulting climate has inspired a great deal of "rethinking" of

admission criteria, instructional strategies, curriculum designs, and faculty development directions. Any profession whose credibility arises out of its sophistication in intervening in human lives must examine its premises, purposes, procedures, and product consequences continuously. Social accountability is the "cutting edge" of student support services.

Counseling: From "Selves" to "Systems"

During the 1950s and 60s, professional counseling underwent an agonizing re-appraisal of its effectiveness as an educative and therapeutic process. To a considerable extent, this period of soul-searching and self-examination was a healthy activity. In another sense, however, that orgy of introspection assumed almost paralytic proportions. Many counselors rendering services in that atmosphere became incapable of functioning as spontaneous human beings with a "well-bred" professional image. In recent years the winds of change have blown again, with resulting transformation in the way counselors apply their knowledge, skills, and support services. The new order of things presents a rigorous testing of the counselor's competency in confronting not only individuals, but also organizations in terms of their habitual behaviors and the resulting consequences.

Of course, student affairs and counseling professionals are in the business of intervening. Ours is an active process of helping individuals to become aware of and responsive to information from specific external environment, as well as, from within themselves. Counselors further help students to interpret such information, form action-oriented goals and plans based upon it, and test these goals and plans against the realities of environmental support. In this sense student affairs professionals assist students in becoming "open systems" who are capable of processing information relevant to specific interaction environments. This is, in systems theory terms, a guided form of social learning or bringing about behavior change through the use of a "teachback" form of information assimulation that "piggy-backs" on one or more other person's perceptions and disclosures. When stated in information exchange language, *the helping process is not focused on the individual as the "only" target of intervention.*

It was after widespread dissatisfaction with traditional counseling and guidance methods (which did not meet the needs of diverse student populations in the 60s and 70s) that student

affairs professionals began to adopt an "activitist" posture in their service delivery roles. This is a posture that stresses environmental intervention and getting organizations to conduct "social accountability audits." It stressed student advocacy and made the judgement that guidance was at once most needed and least effective among diverse and poor students. (Baker and Cramer, 1972; Cook, 1971; Dworkin and Dworkin, 1971; Gordan, 1967; Linton and Manacker, 1975; Manacker, 1976). An activist posture expresses a preference for interventions that involve people in their natural setting rather than isolating them for "treatment." The "outreach" posture provokes fundamental concerns regarding the targeting of whom or what for intervention.

The Primacy of Targeting Individuals for Intervention

Interventions designed to affect the individual have received the lion's share of attention from religion throughout history and psychiatry since the time of Freud. Traditional training for counseling, advising, discipline, and health care deal almost exclusively with making an intervention on a one-to-one basis, with the professional interacting with a person to effect individual changes in behavioral patterns. Regardless of whether the intervention is viewed as being instrumental in preventing a problem (through teaching prerequisite knowledge and skills) or simply working in a developmental way (to help an effective person become more effective), the traditional intervention target is the individual. For example, consider the placing of a counselor in the residence halls so that students can have greater access to a counselor. This represents an examplary student "outreach" effort. Placing a counselor in a college, school, or department of nursing to help retain students and assist their progression through a program is "innovative." In both these activities, from an administrative viewpoint, the expected target for the intervention is commonly the individual student. Regardless of the purpose or method used in an intervention, the target focus of the intervention is usually the individual student's adjustment to a relatively stationary interactional setting.

This form of direct and individual intervention is generally recognized as the starting point from which an enabler introduces intervention. This is the case partly because the body of research dealing with this target of intervention is so extensive, but most probably because of tradition.

Targeting the Environment for Intervention

Lewin was stressing in 1935 the importance of taking into account both the person and the environment in understanding and predicting behavior. Murray (1938) also addressed his attention to the environment with his needs/press theory of personality. Yet, even with these early beginnings, most of the efforts of student affairs professionals have been almost exclusively on the person side of the equation, ignoring the environment. As stated earlier, this procedure worked well, until declining enrollments and civil rights legislation mandated a change. As an example, Hirschberg and Itkin (1978), reporting a study of graduate students' success in psychology, revealed among other findings that "only 35% of the women . . . obtained a degree, whereas 68% of the men had obtained their degree." The authors discussed the problem of selection and proposed a multiple-hurdles model. They did not even suggest the possibility that there were aspects of that departmental environment that might have differentially affected attrition rates by sex.

This example should serve to focus our attention on the possibility that interventions designed to have an impact on environments (groups, institutions, and communities) -- which in turn influence individuals--may be primary goals in and of themselves. It has been long known that environments affect people's self-esteem, mood, and satisfaction (Moos, 1979). Holland (1973) has proposed that vocational satisfaction, stability, and achievement depend on the congruence between a person's personality and a work setting environment.

We know that the environment in which there is a mismatch between a person's need and the environmental resource can precipitate dysfunctional stress (Baker, 1978) and, that in some instances, individuals become casualties of their environment. While Lewin (1935) suggested quite some time ago that behavior is a function of an interaction between personality predispositions and the environment, environmental modification as a legitimate intervention activity has been accepted by only a few as a method of intervention.

Student affairs workers are now producing a constant flow of new procedures designed to facilitate the educational experience. These include group orientation programs, pre-assessment and placement testing, consultation, psychoeducational activities, training as modes of treatment, variations in probation counseling, and environmental modification. The profession has grown over the years through the efforts of creative

and hardworking individuals who have created programs to respond to the recognized needs of individuals and institutions. What is often lacking are adequate models which target environmental subsytems for intervention.

A valid criticism of student affairs professionals has in the past been that we lack a clear concept by which all our programs and activities can be joined together with some unifying direction or purpose. It should not be a valid criticism in the decade of the 80s.

Person-Environment Models of Student Development

I will now share with you several representative environmental intervention models. Perhaps the conceptualization of environment that contributes most to understanding the relationship of a supportive educational environment is the work of Blocher (1974, 1978). Blocher (1974) combines the concept of life stage tasks with that of psychological needs to propose an ecological model of student development.

Ecological Model of Student Development

Blocher identifies three basic subsystems for the purpose of analyzing a given ecological system. The first is a "opportunity structure," which refers to the problems or situations in the environment that stimulate an individual to address a specific development task. A "support structure" is an "on-line" pattern of resources available to the individual for coping with stress. Those resources are both affective (supportive relationships) and cognitive (tools for understanding stress). Finally, a "reward structure" classifies the reinforcers of effort demonstrated by the student.

Blocher has further elaborated this ecological model by proposing a set of core conditions for fostering learning and subsequent student development. The conditions proposed by Blocher (1978, pp. 20-21) which foster growth are as follows:

1. The learner actively engages the learning enviroment in a way that puts at risk significant psychological values as a self-esteem, approval of significant others, or important aspects of existing self-contempt. This is the condition of involvement.

2. The learner is in a condition of mild disequilibrium or tension. A moderate degree of discrepancy exists between the learner's present coping behavior or cognitive structures and those demanded by the tasks of stimulation present in the learning enviroment. Generally the levels of stimulation in a learning environment are measurable in terms of variables such as novelty, complexity, obstructions, ambiguity, and intensity. At any rate, an optimal mismatch should exist between the learner and the requirements for mastery of those aspects of the learning environment that lead to intrinsic rewards such as feelings of competence and control. This is the condition of challenge.

3. The learner experiences a degree of empathy, caring, and honesty from other human beings in the learning environments. That is, the learner is touched by a network of positive human relationships. This is the condition of support.

4. The learner has available examples of functioning of performance slightly more advanced than his or her own and is able to observe these performances, see that they can resolve the task demands in the learning environment, and witness that they are rewarded. In the moral development research literature this is sometimes called "plus one modeling." It is termed the condition of structure.

5. The learner has opportunities to practice the use of new cognitive structures and their related skills, and to receive clear, accurate, and immediate information about his or her performance relative to the demands of the environment. This is termed the condition of feedback.

6. The learner is able to test actively new concepts, attitudes, and skills in a variety of natural settings and situations in which opportunities for improved relationships, problem solving, decision making, or appreciation can be directly experienced. This is the condition of application.

7. Finally, the learner is able to review, critically examine, and evaluate new learnings in a safe, reflective, and unhurried atmosphere in which the new learning can be reconciled and assimilated with past experience. This is the condition of integration.

Blocher goes on the relate these seven conditions for growth to the subsystems of the environment: (1) the opportunity subsystem relates to the conditions of involvement, challenge, and integration; (2) the support subsystem can provide the essential conditions of structure and support; and (3) the reward subsystem provides the condition of feedback and application. I will now explain how this ecological perspective can be used to determine where interventions might be considered.

> [Using Banning's worksheets, Dr. Massey illustrated how to conduct an environmental mapping activity. The process: (1) list nine behavioral constructs associated with career development (Knefelkamp and Slepitza, 1976). The constructs are learner qualities needed to achieve terminal objectives in nursing education (Perry, 1970). (2) For each of the desired behaviors, identify all opportunities, supports, and rewards. For example, "self-processing" is one of the valued student capabilities. Identify examples of system activity which require the student to demonstrate self-processing and list them in the "opportunities" column. Cite student affairs activities and instruction support services which appear to induce and foster self-processing the "support" column. The way students may be rewarded when self-processing is performed proficiently is to be cited in the "rewards" column. When this worksheet scheme is completed for each desired student outcome, one has an orderly classification of all resources according to their natural setting relationships. In practical terms, you have identified currently existing and analyzable units of student-environment interaction.
>
> Now that a comprehensive array of resources and enabling activities have been documented, the next step is to evaluate the usefulness of the resources and activities in providing the core conditions for fostering the development of the targeted capabilities.
>
> For this purpose, Dr. Massey used a "core condition rating scale" to obtain a numerical value in these evaluations. Once this step is completed, one is ready to answer specific questions about how supportive a subsystem environment is in producing a valued outcome. One also has an informational base to formulate a model for environmental redesigns.]

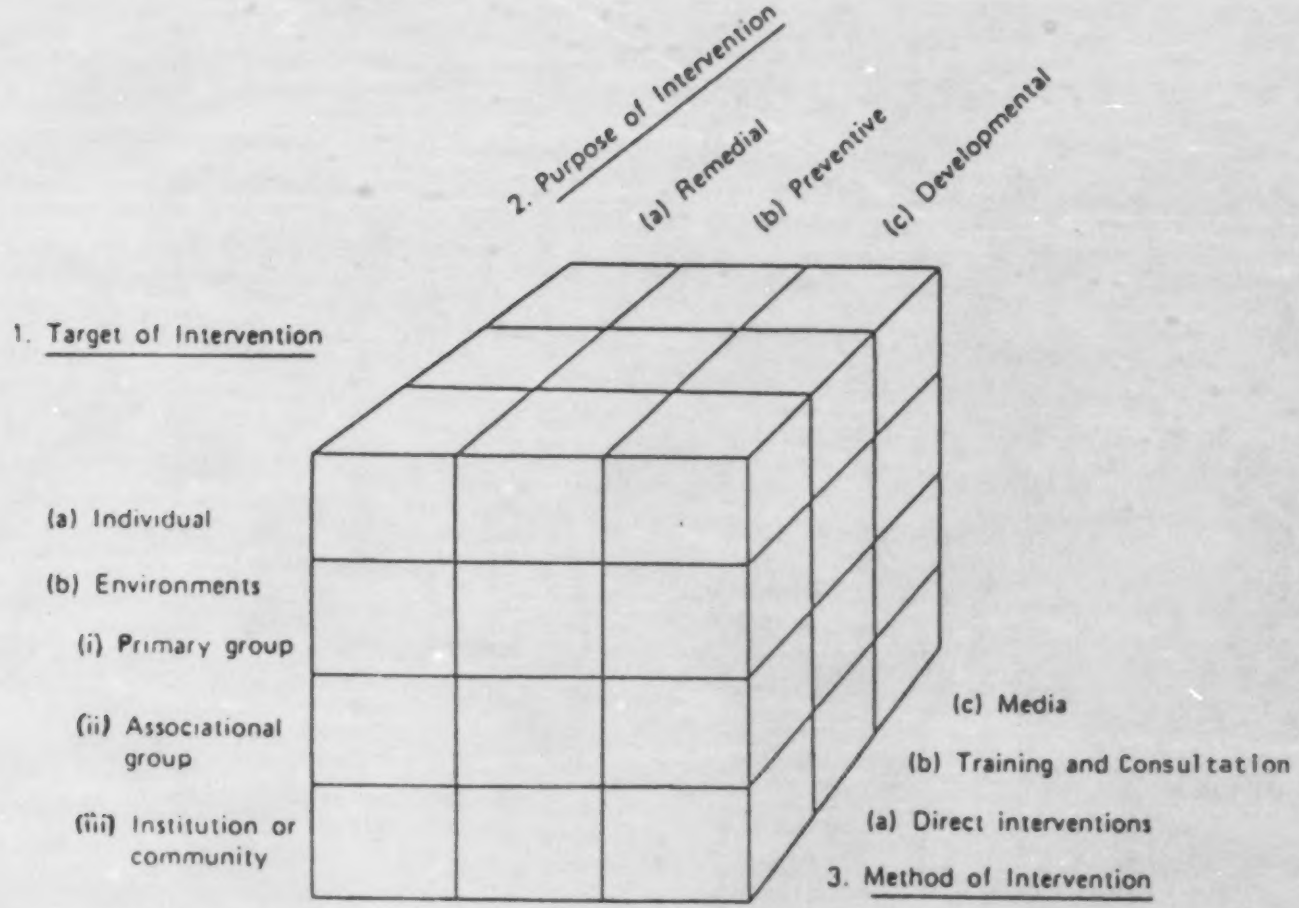
The Cube Model of Intervention for Student Development

The "cube" (see Figure 1) appeared in 1974 (Morrill, Oetting, and Hurst) and provided a conceptual scheme for organizing and expanding the view of the role of counselors on a college campus. The authors offer a thirty-six cell stimulus to college counselors for choosing intervention approaches by specifying (a) targets (individuals, primary groups, associational group, and institution or community), (b) purposes (remedial, preventive, or developmental), and (c) methods (direct, consultation and training, or media) of intervention in a three-dimensional model. Through it the authors have provided another model that can stimulate creative thinking about alternative interventions for counselors attempting to enhance educational support services to diverse students in our nursing education program.

The Behavior Engineering Model

Gilbert (1978) first presented an interaction model that outlines elements of the person and the environment and suggests an intervention procedure. In application, the model (Figure 2) provides a guide for what is termed "performance troubleshooting" in a setting. Each setting is considered at its philosophical, cultural, policy, tactical, and logistic levels. A similar progression of three stages is applied at each setting level. In attempting to improve student performance, the focus is placed on improving behavior. However, behavior is recognized to be a transaction between the student and the environment. From Gilbert's perspective, the interventionist can alter the student's behavioral repertory the environment, or both to improve inadequate performance. To better understand variables within a behavioral cluster which can be modified to improve student performance, Gilbert breaks the cluster into six components parts. There are three components that are complementarily respresented in both the environment and the person: (1) information, (2) instrumentation, and (3) motivation. The environmental forms of these three components are the data available (e.g., the course syllabus), the instruments present (e.g., course text), and the incentives provided (e.g., course grades). The corresponding person's aspects are discrimination (e.g., recognizing course purpose), response capacity (e.g., reading text) and motives (e.g., desire for grade). All six components can be considered for any single behavioral act.

Figure 1. The Cube



Source: Dimensions of Intervention for Student Development. Copyright, 1974. Morrill, Oetting, and Hurst. John Wiley & Sons, 1980, p. 86. Reproduced with permission of the authors.

Figure 2. The Behavior Engineering Model.

	S^D Information	R Instrumentation	S_r Motivation
E Environmental supports	Data 1. Relevant and frequent feedback about the adequacy of performance 2. Descriptions of what is expected of performance 3. Clear and relevant guides to adequate performance	Instrumentation 1. Tools and materials of work designed scientifically to match human factors	Incentives 1. Adequate financial incentives made contingent upon performance 2. Nonmonetary incentives made available 3. Career-development opportunities
P Person's repertory of behavior	Knowledge 1. Scientifically designed training that matches the requirements of exemplary performance 2. Placement	Capacity 1. Flexibible scheduling of performance to match peak capacity 2. Prosthesis 3. Physical shaping 4. Adaptation 5. Selection	Motives 1. Assessment of people's motives to work 2. Recruitment of people to match the realities of the situation

Source: Human Competence. Copyright 1978. T. F. Gilbert. McGraw Hill. Used by permission of McGraw Hill Book Company.

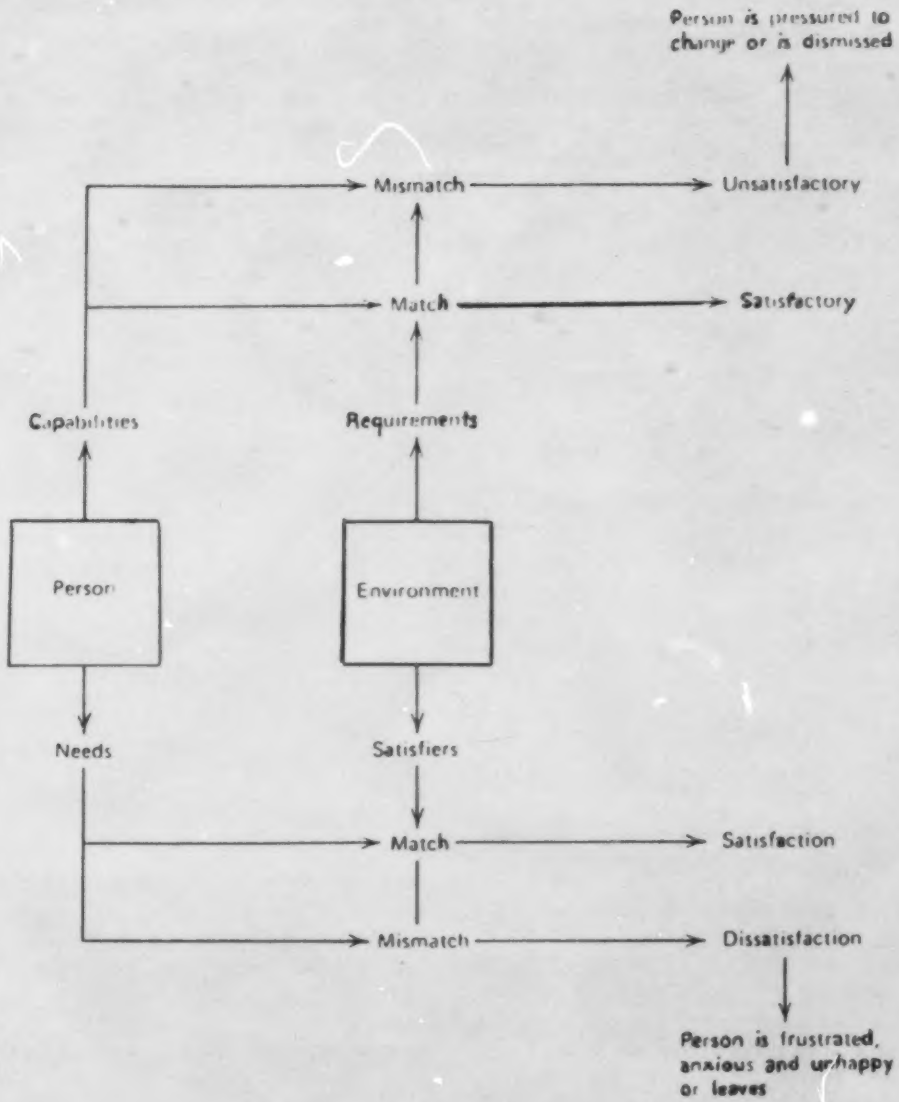
To improve behavior in each component part Gilbert recommends that attention first be paid to environmental variables, since changes in them are likely to have more powerful effects and generally cost less to implement. The intervener is instructed to determine how adequate the data available in the environment is to guide performance and the extent to which it indicates how well the individual has, in fact, performed. Secondly, the intervener examines whether tools and materials in the environment are adequate and suited to the student users. Thirdly, he examines incentives present in the setting to reward valued performance. Finally, after correcting identified environmental obstacles to competence, the intervener turns his attention to the training of students and educators in the setting. This systematic approach can promote more efficient interventions. Valuable nursing education applicability is apparent.

This intervention model has much to offer in determining the need for, and optimal provisions of a truly supportive learning environment--an environment in which cognitive stage movement and developmental task progression is encouraged, evoked, and elevated. Via the perspective offered by this model, the professional counselor (and other student affairs workers) may be employed to perform roles and functions more allied with and integral to the on-going endeavors of a nursing education curriculum(s). Implementation of such a model requires that a counselor no longer be confined to a vacuous office far removed from the realities that bring students to counselors for supportive assistance.

A Deficit Behavior Model

A model based on the Minnesota Model of Work Adjustment (Dawis, England, and Lofquist, 1964), can be used in diagnosing a deficiency problem. It helps to identify exactly what the problem is and provides clues about what can be done about it. Figure 3 illustrates the model. It shows a person-environment interaction. The environment has certain requirements that relate to the individual. If the person has capabilities that meet those needs, he or she is viewed as satisfactory. The person, too, has needs. If the environment can meet those needs, the person is satisfied. If there is a mismatch, and either the need of the person or the requirements of the environments are not being met, then there is a problem that needs remediation.

Figure 3. A Deficit Behavior Model



Source: Dimensions of Intervention for Student Development. John Wiley and Sons, page 117. Used with permission of John Wiley and Sons.

The student in academic trouble is an example of a mismatch. The school environment has academic requirements that are not being met by the student's capabilities for studying and taking exams. Since the requirements are not likely to change, remediation has to focus on either changing to another environment that does not make the same demands or changing the capabilities of the student so that the requirements can be met. The term "capability" is used because it is the actual behaviors that count, not the student's potential. It is what the student does, not what the student might be able to do.

Another example of a mismatch might be an unhappy minority student, ready to leave the school. The dissatisfaction on the student's part indicates that the person has needs that are not being met by the environment. What are those needs? An interview might show that the student feels uncomfortable, different from other students in the dormitory and classroom, isolated and lonely. Can the dormitory situation be changed? Can a support group including other minorities be found? Can the needs be met in some other way? The model does not solve the problem, but it helps isolate what parts of the problems are crucial and how remediation might be approached. Increased use of these environmental impact models can lead to a better understanding of the role of the nursing education environment in fostering student growth and development.

Implications for Counseling

When a counselor helps students to analyze their life-space, he is primarily concerned with defining the elements in an environment that offers opportunities for individual growth and development. In one sense that life-space represents an objective "given" which is structured and analyzable. In another sense, the life-space perceived is a personal or phenomenological reality that is never the same for any two people. A practicing counselor is aware that the payoff for the student lies, for the most part, outside the interview office. It was, after all, a concern, a personally felt barrier, a problem situation outside that brings students to counselors. Only as a counselor's client sees change and/or progress in this outside situation, will a counselor using any helping posture achieve success. Extrinsic rewards are also obtained by the counseling professional from outside. It is only as administrators, professors, instructors, and other significant third parties observe change which they interpret

as "good" and "desirable," that the counselor can gain approval and esteem from them. The bottom-line is that life-space barriers experienced by students may be appropriately addressed as artifacts of the person-environment matrix.

With the above factors in mind, it becomes important to recognize that the word "development," as well as the word "counseling," have almost as many meanings as the people who use them. The terms have been so serendipitously used that they have tended to lose their meaning. Perhaps no one has discussed it as well as Nevitt Sanford (1967), who stated that development is different from change; "change" describing any condition that is altered from a previous condition. It is also different from "growth," which implies a non-directional expansion of the personality. Development refers to qualitative changes taking place in the mind which contribute to the individual's increasingly complex manner of interpreting his/her world. Only through such increasingly complex interpretations can the individual be enabled to integrate and act on a wide variety of experiences and influences. Sanford believes that a delicate balance of challenge and support must be achieved before development can occur.

Challenge Plus Support Equals Retention at Alcorn State University

I want to discuss how we have improved student retention within the Division of Nursing at Alcorn State University. The program relies on a delicate balancing of educational challenge and environmental support and intervention.

The program is a systematic procedure by which the instructional faculty and I, a counselor, join hands in accomplishing student-centered goals. Entitled "Educational Performance Outreach, Consultation, and Help" (E.P.O.C.H.), the program is organized around three components dealing with (a) early identification of at-risk students, (b) consultative intervention, and (c) the establishment of a helping relationship with the student.

The outreach component of E.P.O.C.H. emphasizes the early identification of (1) educational foundation and academic learning skill deficiencies of students, and (2) persistent social-psychological distress indicators manifested in the normal pursuit of a course of study. The consultation component of E.P.O.C.H. emphasizes the interventional response of the faculty, academic advisor, or counselor when (1) the

academic deficiencies or distress indicators are observed to be reaching a negative consequence stage, and (2) a concerned effort to assess a student's special needs is set into motion. The helping component of E.P.O.C.H. emphasizes establishing a helping relationship with the students so capabilities may be extended or cause(s) of a declining or substandard educational performance can be determined, help provided, and satisfactory progress in the program maintained or restored.

It is obvious that success in nursing education is dependent on the student's high level functioning and effective use of sensory organs to detect the various components of a learning situation, as well as act in relationship with those various components to produce relevant responses. The student's physical structures (designed to impel, obtain, give, and repel) and his physiological systems (designed to absorb, assimilate, differentiate, accommodate, and eliminate), must be capable of maintaining and sustaining the student in a goal-oriented pattern within on-demand schedules or time-tables. The nervous system with which a student perceives, conceptualizes, interprets, emotes, recalls, and problem solves must function as the executive agent of self-reliance and interpersonal management throughout a nursing education program.

Every situation or condition that places demands on a nursing sudent has as its counterpart the way the student understands it and feels about it -- perception of the situation, status, or condition. This perception of status in a situation is significant, because it determines whether or not the student experiences a need as "need-for-help." We define need at Alcorn State University as anything that nursing education requires, and a student is deficient in, which interferes with the student's ability to continue satisfactorily and with satisfaction in a curriculum. Help is defined as any focus of attention or goal-oriented action that enables the student to surmount whatever places her/him at risk in functioning capably in the nursing curriculum. A "need-for-help," then, is any thinking-feeling-acting response required of or desired by the student which has potential for restoring or extending the ability to cope with (or develop to) the level of demand in the particular situation.

If, despite impeded or blocked efforts, a student is able to respond to the demands of a particular situation unassisted, the student is viewed as a functionally capable person. When, however, she/he cannot meet standard demands in the situation or overcome blocks alone, the student not only is apt to experience frustration, anxiety, and distress, but may also be

in need-of-help. As a rule this need is signaled by words, tone of voice, mannerisms, class absences, avoidance behavior, delayed assignments, and substandard test scores. While the student's behavior may indicate specific stressors, debilitating anxiety, or emotional alarm, it may also herald the message that she/he is experiencing a need-for-help. Whether or not the student is experiencing such a need is a crucial issue in providing a supportive and/or interventional response in the nursing education setting at Alcorn State University.

The nursing student's perception is crucial because the students' functional abilities are intrinsic qualities that have been developing toward increasing complexity since being conceived -- qualities undergirding rational, irrational, reactional, or intentional behavior. Therefore, an important question with adult learners is: Does, and if so, how far does an educator's responsibility extend beyond the student's own perception of a "need-to-help?"

Our answer to this question is generally yes, but in a manner that leaves intact the student's freedom to interpret the nature of the situation. The approach we take is based on the careful provision of an "opportunity structure" that draws the student's attention to a "support structure" designed to help when the faculty infers a "need-for-help" may exist. We believe that sustained educational performance behavior is a shared responsibility of the teacher and student. It is, therefore, important for both to have access to basic progression information which addresses the shared question: "What will the likely consequence(s) be if self-defeating behaviors or a summative evaluation data pattern continues?"

The flow charts (Figures 4, 5, and 6) show how the course educators and academic advisors initiate and implement the early identification or "outreach" phase of the opportunity structure within the Alcorn State University-Division of Nursing. The process depicted offers students a supportive and orderly procedure for obtaining "teach-back" information that alerts them to a pattern of performance behaviors and/or evaluations which, if continued, will place their academic success "at-risk."

It is the course instructors, second only to the students themselves, who have the most to gain from an alert system that focuses attention on the educational performance behaviors which support learning and ultimately, determine whether a learner can provide evidence that an acceptable quantity of information and quality of learning is being achieved. In a

Figure 4. Educational Performance Outreach, Consultation and Help

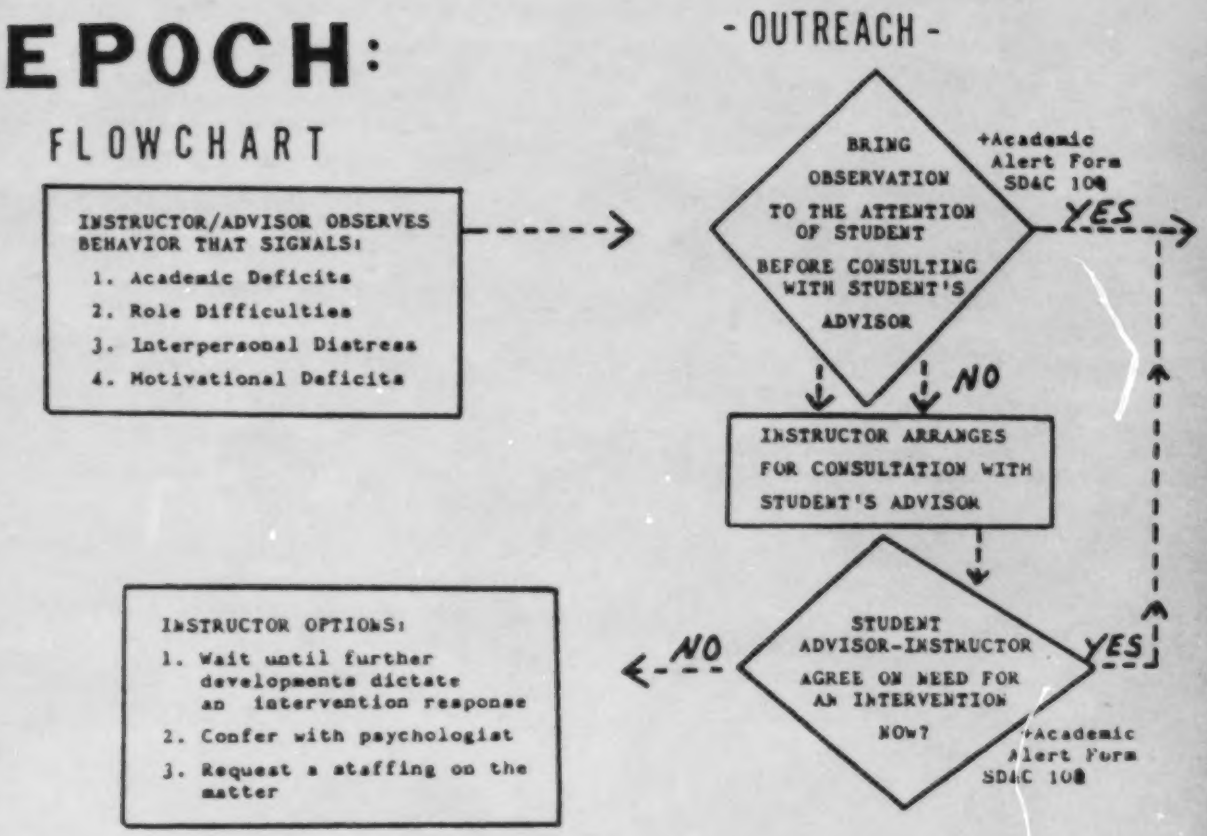

EPOCH:
FLOWCHART
- OUTREACH -
INSTRUCTOR/ADVISOR OBSERVES BEHAVIOR THAT SIGNALS:
1. Academic Deficits
2. Role Difficulties
3. Interpersonal Distress
4. Motivational Deficits
BRING OBSERVATION TO THE ATTENTION OF STUDENT BEFORE CONSULTING WITH STUDENT'S ADVISOR
+Academic Alert Form SD&C 108
YES
NO
INSTRUCTOR ARRANGES FOR CONSULTATION WITH STUDENT'S ADVISOR
STUDENT ADVISOR-INSTRUCTOR AGREE ON NEED FOR AN INTERVENTION NOW?
NO
YES
+Academic Alert Form SD&C 108
INSTRUCTOR OPTIONS:
1. Wait until further developments dictate an intervention response
2. Confer with psychologist
3. Request a staffing on the matter

Figure 4. E.P.O.C.H. (Continued)

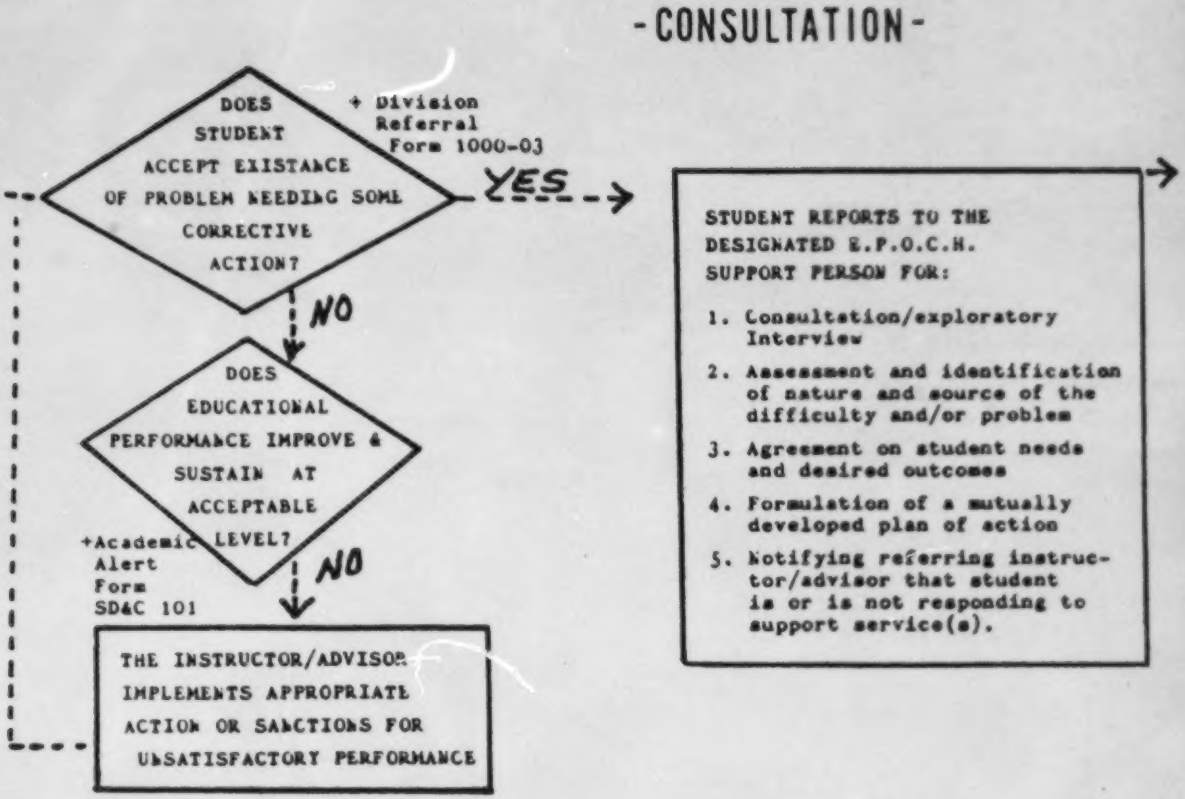

-CONSULTATION-
DOES STUDENT ACCEPT EXISTANCE OF PROBLEM NEEDING SOME CORRECTIVE ACTION?
+ Division Referral Form 1000-03
YES
NO
DOES EDUCATIONAL PERFORMANCE IMPROVE & SUSTAIN AT ACCEPTABLE LEVEL?
+Academic Alert Form SD&C 101
NO
THE INSTRUCTOR/ADVISOR IMPLEMENTS APPROPRIATE ACTION OR SANCTIONS FOR UNSATISFACTORY PERFORMANCE
STUDENT REPORTS TO THE DESIGNATED E.P.O.C.H. SUPPORT PERSON FOR:
1. Consultation/exploratory Interview
2. Assessment and identification of nature and source of the difficulty and/or problem
3. Agreement on student needs and desired outcomes
4. Formulation of a mutually developed plan of action
5. Notifying referring instructor/advisor that student is or is not responding to support service(s).

Figure 4. E.P.O.C.H. (Continued)

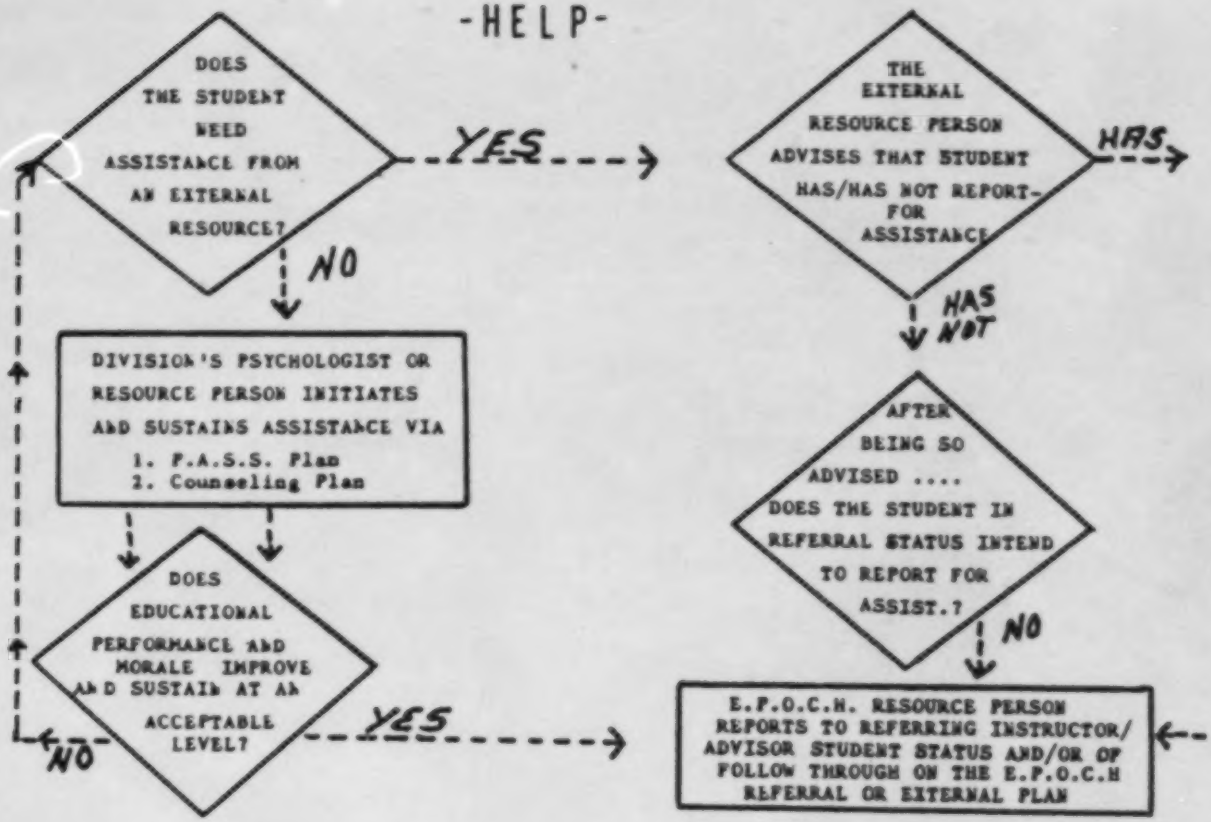
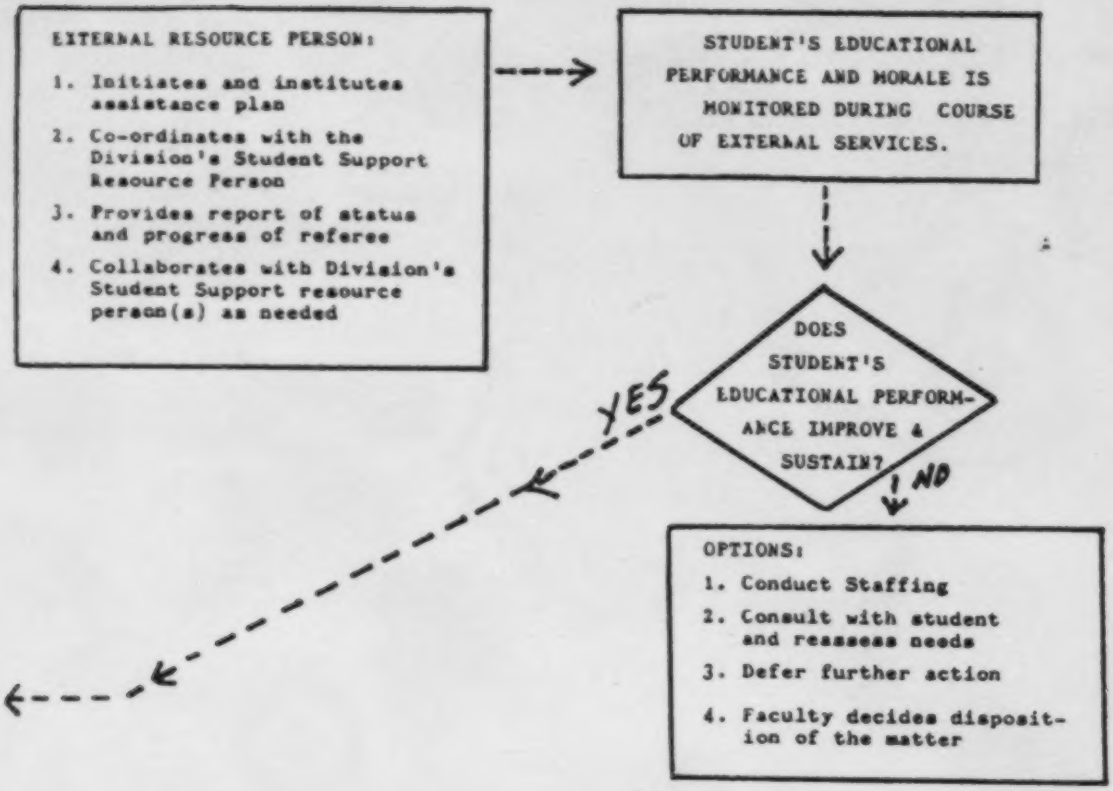

-HELP-
DOES THE STUDENT NEED ASSISTANCE FROM AN EXTERNAL RESOURCE?
YES
NO
THE EXTERNAL RESOURCE PERSON ADVISES THAT STUDENT HAS/HAS NOT REPORT-FOR ASSISTANCE
HAS
HAS NOT
DIVISION'S PSYCHOLOGIST OR RESOURCE PERSON INITIATES AND SUSTAINS ASSISTANCE VIA
1. P.A.S.S. Plan
2. Counseling Plan
AFTER BEING SO ADVISED .... DOES THE STUDENT IN REFERRAL STATUS INTEND TO REPORT FOR ASSIST.?
NO
DOES EDUCATIONAL PERFORMANCE AND MORALE IMPROVE AND SUSTAIN AT AN ACCEPTABLE LEVEL?
YES
NO
E.P.O.C.H. RESOURCE PERSON REPORTS TO REFERRING INSTRUCTOR/ ADVISOR STUDENT STATUS AND/OR OF FOLLOW THROUGH ON THE E.P.O.C.H REFERRAL OR EXTERNAL PLAN

Figure 4. E.P.O.C.H. (Continued)


EXTERNAL RESOURCE PERSON:
1. Initiates and institutes assistance plan
2. Co-ordinates with the Division's Student Support Resource Person
3. Provides report of status and progress of referee
4. Collaborates with Division's Student Support resource person(s) as needed
STUDENT'S EDUCATIONAL PERFORMANCE AND MORALE IS MONITORED DURING COURSE OF EXTERNAL SERVICES.
DOES STUDENT'S EDUCATIONAL PERFORMANCE IMPROVE & SUSTAIN?
YES
NO
OPTIONS:
1. Conduct Staffing
2. Consult with student and reassess needs
3. Defer further action
4. Faculty decides disposition of the matter

Source: Copyright Pending, 1982. C. Paul Massey, Ed.D. Alcorn State University, Division of Nursing, P.O. Box 1830, Natchez, Mississippi 39120

Figure 5. E.P.O.C.H. Academic Alert
Form 1

OFFICE OF STUDENT DEVELOPMENT & COUNSELING
DIVISION OF NURSING
ALCORN STATE UNIVERSITY

E.P.O.C.H. ACADEMIC ALERT

DATE: _____

_____, the quality of your academic
Name of Student
work in _____
Course name and number
is seriously below standard for one or more of the following reasons:

_____(1) Excessive absences from classes
_____(2) Poor test performance(s)
_____(3) Failure to submit assignments on time
_____(4) Need to make-up test(s) and or/clinical experience(s)
_____(5) Lack of preparation and/or response in class activities
_____(6) Unacceptable behavior patterns in clinical practice
_____(7) Other _____

You are urged to:

_____(1) Contact your instructor immediately
_____(2) Contact your faculty advisor immediately
_____(3) Contact your chairperson immediately
_____(4) Contact the Office of Student Development & Counseling immediately
_____(5) Other: _____

My Office Hours are: _____

_____
Program Director's Signature

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Figure 6. E.P.O.C.H. Academic Alert
Form 2

OFFICE OF STUDENT DEVELOPMENT & COUNSELING
DIVISION OF NURSING
ALCORN STATE UNIVERSITY

E.P.O.C.H. ACADEMIC ALERT

FROM: Office of Student Development & Counseling

DATE: _____

RE: Sub-Standard Academic Performance

_____, according to a report received from your program area, your academic performance in: _____

_____

is seriously below acceptable standards. The reason for this memo is to call to your attention that the major purpose of my being here is to assist you in making steady academic progress. Beginning today, you most likely have time to improve your academic progress and status in this course. At present, the chief causes of your declining standing (as reported to me) are indicated below:

CAUSES	( )	COMMENTS
1. Excessive absences from classes		
2. Poor Test Performance(s)		
3. Failure to submit assignments on time		
4. Need to make-up test(s) and/or clinical experience(s)		
5. Lack of preparation and/or response in class activities		
6. Unacceptable behavior patterns in clinical practice		
7. Other		

I hope you will contact me soon.

_____

Office of Student Development & Counseling
(Telephone — 442-3901 [Ext. 36])

number of instances, an informal consultation by a course instructor results in the students' on-task behavior reaching or returning to an acceptable level. In other cases, however, neither the self-reliant efforts of the student nor informal consultations achieve the desired results, and both unproductive educational behavior and at-risk summative evaluation performance persists over a significant period of time, placing the student's success in a course in increasing jeopardy. When this develops, a formal academic alert process is set into motion. The student is usually referred to the Office of Student Development and Counseling for consultation, and appropriate preventive or corrective activities are designed to sustain the student in the program.

Students confronted by social-emotional difficulties or problems are assisted through confidential assessment of causes and needs. We view "difficulties" as (a) an undesirable state of affairs which can be resolved through some common sense action or, (b) an undesirable but usually quite common life situation for which there is--at least for the time being--no satisfactory solution and must be coped with. The goals of helping students with difficulties as defined usually involve:

1. a supportive and objective review of what is happening;

2. exploring what options the student has in coping with and staying in charge of general life tasks, educational achievement, goals, and career aspirations; and

3. fostering self-induced behavioral change through focused reflection, goal-setting, and action followed by reality testing, reflection, goal-setting, and action.

Developmental problems, in contrast to difficulties, refer to life situations which necessitate a change in one's basic perceptions and assumptions about the nature of a situation. For example, a student may be acting on the assumption that she or he must attain a 3.75 GPA in order to feel a strong sense of success and is using drugs to help "get the job done." The student's efforts at "studying harder" may not be adequate to achieve the desired grades and, in fact, may be creating further problems such as isolating the student from significant social contacts. Helping the student with developmental barriers requires an exploration of the problematic situation from a broader, more comprehensive point of view. This

"reframing" usually changes the entire meaning of what is happening and opens the way for experiencing personal growth--growth which moves the student beyond simply coping to successfully challenging personal barriers. Referrals to professional services in the community may be made when the student chooses or the situation dictates that option.

If failure to demonstrate and sustain on-task educational performance is found to be related to foundational knowledge, learning skills, or motivational deficits, the student and counselor develop an "action-plan" of prescribed activities (according to an agreed-upon number of hours for consultation, enhancing course work, independent study, formative and summative testing, and supportive counseling activities). This Prescriptive Academic Success Services (P.A.S.S.) response may take the form of "for credit" enhancement courses and/or minimum contact and individually paced developmental activities that carry no credit value. The student is required to demonstrate progress in attaining contracted learning goals. A reduction in regular course load hours may be required in order for the student to gain full advantage of the P.A.S.S. contract.

The E.P.O.C.H. program has made a substantial contribution to a marked reduction in our attrition figures; as high as 78 percent in the baccalaureate degree program in 1979 and 43 percent in the associate degree nursing program in 1980. The attrition rate in the baccalaureate program for the first semester upper-division student (fall-1981) was 35 percent. The attrition rate in the associate program for the first semester freshmen class (fall-1981) was 4 percent.

At issue in providing E.P.O.C.H. support is the assumption that the nursing student wants to meet the demands imposed by the educational situation and that relative independence is important in surmounting these demands. At issue in making an intervention is the assumption that helping is the implied purpose but that the individual must experience herself/himself as "in-need-of-help" before it can be accepted and allowed to fulfill its intent. Ultimately the question becomes: Do faculty and student personnel workers extend help opportunistically (when they have the time and inclination), or pervasively and consistently because they recognize such an extension of themselves as their professional obligation? How this question is answered makes the difference between a chance kindly deed, or the performance of a routine task associated with a deliberate procedure based on the principles of helping.

Conclusion

What E.P.O.C.H. is succeeding in doing within our two nursing education programs is maintaining the locus of control with the student within a planned supportive environment. E.P.O.C.H. features the teacher as having the highest stimulus value in the "opportunity structure," the "support structure," and the "reward structure" of nursing education. E.P.O.C.H. calls on the counselor to work actively with the faculty in removing obstacles to curriculum progression, and do whatever is needed to help students deal effectively with barriers to educational progress and personal development.

Having experienced some dramatic success with this student support system, we are now in position to fully utilize a student-environment intervention model to broaden our perspective, sharpen our focus of attention, expand our interventions to include other university subsystems, and assure our students the vital "opportunity structure" they seek, the "support structure" they surely need, and the "reward structure" they deserve.

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SMALL GROUP ADVISING/COUNSELING IN VALDOSTA STATE COLLEGE'S BSN PROGRAM

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Valdosta State College has been an active participant in the SREB Faculty Development Project from its inception. The major focus was student retention, especially high risk and minority students. During the last two years of the Faculty Development Project, we developed and utilized small groups for advising and counseling during the junior year. The junior faculty acted as group leaders to assist the students who have encountered or may encounter problems in their nursing courses. Once the faculty on both the senior and junior levels developed this approach, we were able to look more closely at students who were prone to have problems and we could intercede and prevent loss. With this type strategy, the person who previously did all the counseling and advising was relieved and the other faculty members began to take a more active role in student success.

Faculty and students were assigned to groups after all had gained understanding of their personality types through administration of the Meyers-Briggs Type Indicator. The project allowed us to conduct a highly successful workshop, to raise the faculty's awareness of cultural influences which could influence students' learning. The workshop on cultural diversity helped the faculty to become more aware of their own behavior and differences as well as the students'. It gave more insight into each one's values and beliefs.

The faculty and students were in small group sessions which met for one 50-minute period per week. The students who were not having problems set their own study sessions with their peers who were having problems. Once the group cohesiveness developed, the students had an individual faculty member with whom he could relate. The problem-solving skills introduced in the groups have allowed the students to develop skills in meeting their every day problems in living as well as their academic problems. Overall, this program helped the faculty to develop a more responsible attitude toward all students regardless of race, creed, color or other behaviors the students might exhibit.

AN INSTITUTION'S ROLE IN ATTRACTING AND RETAINING DIVERSE STUDENTS

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For most of us, retention of students, particularly diverse students, has been a perpetual problem. Realizing high attrition has been a problem to higher education throughout the 20th century does not ease our frustrations. Retaining diverse students seemingly has been a greater problem than attracting them. Frequently the two pocesses are not viewed as interrelated. My discussion will focus on how they are interrelated and the role the institution must play if rentention is to be maximized.

This paper will include a brief review of the recent events that include diverse students in higher education, summarize the current status of diverse students in health education, describe a marketing concept that can be applied to university-wide recruitment and retention, review some models used in higher education to improve retention, and propose a model to attract and retain diverse students based on a marketing concept.

Greater utilization of human resources is a concept that emerged in America's society during the 1960s. This concept emphasized use of human talents from all sub-groups within the greater society. The poor and culturally different were two sub-groups that represented a rich source of underutilized human resources. The Higher Education Act and Amendment and the declining pool of traditional college applicants facilitated the inclusion of these sub-groups in higher education.

According to Cross (1971), two challenges evoked by the "greater utilization of human resources" concept were how to make higher education more accessible to a greater number of students from diverse backgrounds, and how to educate these students whose educational preparation differed from the typical college student. The Higher Education Act of 1965 and the 1968 Higher Education Amendment were two responses of the Federal Government to these challenges. With the passing of the 1968 Higher Education Amendment, compensatory or special services programs began on many college/university campuses to facilitate admission and to provide support services to poor and culturally diverse students.

Successful family planning finally arrived on college campuses and produced a decline in the pool of the traditional college bound populace - white middle and upper middle class students. This further facilitated the diverse students' access to an education. Along with diverse students, adults became a part of the new college bound pool. The change in student populace did not come without struggles and problems. Since the curricula in colleges and universitites were designed for middle and upper middle class youth, the influx of a group of different students created greater admission, progression, and graduation problems.

There were divided opinions as to how the new student should be perceived and what approaches should be used. Concerns included: Why can't these students meet admission criteria? How can their academic potentials be accurately assessed? If compensatory practices are implemented to facilitate admission, will these students be able to progress satisfactorily or will they add to the existing problem of high attrition? What measures would assist with successful educational progress? What could be done to decrease attrition from higher education?

Although concerns about retention are related mostly to the educationally disadvantaged, these concerns also reflect some of the problems of adults entering or reentering higher education. Some adults returning for formal study are the products of an education system that previously failed them. Their reentry is with suspicion, distrust, and anxiety. Many possess inadequate educational skills. Others come with elation about a second opportunity for a first, a second career, or a continuing career, but also have fears about the educational requirements, their educational skills, and studying with younger students. Their goal orientation and readiness to learn differ from youth. They tend to be more self-directed, goal-directed, and problem-centered than their younger classmates. Their intense readiness to learn and their life experiences further set them apart from their younger counterparts, accentuating the difference.

These students' needs include (1) socialization into higher education, (2) assistance with updating their learning skills and habits, (3) assistance with writing standardized tests, (4) counseling in the areas of personal, social, vocational and academic needs, and (5) financial assistance. They need assistance in bridging the gap between where they are and where they are expected to be.

The major barrier that diverse students most frequently met, and still meet, was standardized testing. Since these students were not from the mainstream of society, they possessed a different set of values, verbal skills, and attitudes from middle class students.

Ulmer (1972) argues that the poor and culturally different both tend to have a typical social and cultural trait. Most frequently the individual is poor because of level of educational achievement is related to one's level of income. The individual is denied access to the middle class social system because he is culturally different. When interacting in the middle class social setting, diverse students demonstrate different motivation and language skills, show less self-confidence, and are often suspicious and mistrustful of authority and leaders in the middle class social system. Their behaviors are frequently self-defeating.

Language and motivation difference pose the greatest problems to these students. Language is a dual problem; a problem to the student who does not understand written and verbal instructions, and a problem to the personnel who do not understand the students. It poses a great problem to students taking standardized tests. The language difference affects the comprehension and performance on these tests. The Coleman Report (1966) showed that blacks typically lagged three years behind whites on standardized tests administered during the 12th grade.

The higher education institution's attitude toward the diverse student determined its admission policy. Since the applicant pool was declining and federal dollars were tied to "equal educational opportunity" admissions, most affected colleges and universities implemented some type of special admissions policy. Some designed special recruitment strategies of seeking, finding, and rewarding the best academically prepared diverse student; some designed programs to aid the student in meeting admission standards; others provided special services once the student was admitted to aid in acquiring the needed academic skills, and others set aside a special "high risk" admissions category.

Concurrent with changing student populace was an increase in attrition rate. The rate varied among institutions from 12 percent at small private selective institutions to 82 percent in public community/junior colleges. Measurement of attrition/

persistence rate was difficult since researchers tend to use their own individual classification system. Rose and Elton (1966) used a simple four-category classification system:

1. successful persisters - students in good academic standing

2. probation persisters - those who continue with less than a "C" average

3. defaulters - those who withdraw within a semester

4. dropouts - those who withdraw at the completion of a term

Others used time and reason for not persisting as criteria; i.e., a persister is one who completes his studies uninterrupted in a four-year period; nonacademic nonpersister - one who withdrew for nonacademic reasons. Others differentiated the transfer persister from the regular persister. Astin (1975) added another category, "stopout," to describe a group that interrupted their studies or were attending part-time.

Current Status

Where are we today in 1982, approximately 15 years after the Higher Education Amendment of 1968? How much progress have we made in recruiting and retaining diverse students in higher education? How does nursing compare with other higher education disciplines in attracting and retaining diverse students?

The 1980 statistics (U. S. Department Education National Center of Educational Statistics) reflected that enrollment in higher education increased by 39 percent between 1970 and 1980. The largest increases were in enrollment of part-time students, women and students in publicly-controlled institutions. The proportion of students attending college on a part-time basis increased from 32 percent in 1970 to 41 percent in 1980. Female enrollment increased from 41 percent of total enrollment in 1970 to nearly 52 percent in 1980. Students enrolled in publicly controlled institutions rose from 75 percent to 78 percent while students over 25 more than doubled.

Increases in the enrollment of blacks and Hispanics were substantially higher than they were for white students. Thomas (1981) found that blacks increased from 8.4 percent of all students enrolled in higher education in 1967 to 11.8 percent in 1977. Goodrich (1980) found that 35 percent of all enrolled black students were studying at predominantly white colleges and universities. A majority of all minorities were enrolled in community/junior colleges--54 percent of all new black freshmen and 42 percent of all blacks. The highest enrollment increases (over 60 percent) were in eight states of which four were South Atlantic states--North Carolina, South Carolina, Virginia, and Florida. The others were Nevada, Alaska, Arizona, and Washington (Grant, 1981).

Admission of diverse students made predictions of progress difficult and added to the persistent problem of high attrition in higher education. Zaccaria and Creaser (1971) stated the average remained rather constant at 50 percent for the first half of the century; Astin (1975) added there was only a small decrease in the latter half. The attrition rate is higher for diverse students.

Egerton's statistics (cited in Goodrich, 1980, p. 3) showed a grimmer picture. His persistence and graduation rates indicated that:

> Of every 100 white 18 year olds in the U.S., about 75 finish high school, about 45 enter college, and about 15 earn a baccalaureate degree; of every 100 black 18 year olds, about 65 finish high school, approximately 30 enter college, and only 5 earn a degree.

Diverse students are more prone to dropout than whites. This is explained in terms of academic (accounting for 50 percent) and nonacademic variables. Astin (1975) stated "the most dropout prone freshmen are those with poor academic records in high school, low aspirations, poor study habits, relatively uneducated parents and small town backgrounds. . ." Table 1 shows a contrast of dropout proneness between black and white students.

Table 1. Dropout Proneness Between Blacks in White Colleges and Blacks in Black Colleges

Group	Percent Stopouts	Percent Dropouts
White Men	11	26
White Women	8	23
Blacks in Black Colleges	11	26
Blacks in White Colleges	13	37

Note: From A. W. Astin, Preventing Students from Dropping Out, 1975, 26 Copyright A. W. Astin. Reprinted by permission of author and Jossey-Bass, Inc.

Nursing has lagged behind higher education in general in attracting and retaining the diverse ethnic, socioeconomic, and culturally different student, although nursing has increasingly become a fertile vocation for the adult student. NLN's 1976 report, "Ethnicity and Health Care," indicates the proportion of minority nursing students remained constant at 6 percent for the prior two decades with blacks composing 5 percent. The peak for admission of blacks rose to 8.5 percent in 1972, yet the graduation rate remained at 3 percent. Its 1978 survey showed the enrollment remained about the same with a slight increase in graduations. Buckley's (1980) findings on a select population were somewhat different. His 1975 study found blacks to comprise 12.3 percent of nursing school admissions and 8.3 percent of graduations. His findings indicated blacks comprise 5 percent of the practicing RNs.

Where do we go from here? The problems of the 70s are still with us. Predictions for the 80s by Keppel (1980) are that (1) the total pool for college applicants will decrease; (2) there will be a shifting of responsibility for education from the federal government to the states; (3) there will be continuing emphasis on equal educational opportunities for handicapped and different students, and (4) emphasis on requirements for minimum standards for high school diplomas will continue. Keppel asserts that we will be faced with the following questions during the 80s. Will more schools and

colleges have to close due to declining enrollment and inflation? Should the nation's equal education policy aim for linquistic and social assimilation or for pluralism, or is there some middle ground? How can the educational system prepare adults to perform more effectively on their jobs or retrain them for new careers? Who will be responsible for assuring quality education?

All of these issues have direct effects on the recruitment and retention of diverse students in nursing. The applicant pool for nursing students is smaller and consists of a different student for whom the curriculum was designed. Those students who are available sometimes come with inadequate educational preparation. Dollars have lost much of their purchasing power and are fewer. To be cost effective, new strategies must be sought to coincide with current profitable ones. Let us explore the use of a marketing concept to help with our recruitment-retention problem.

The Marketing Concept Applied to Recruitment and Retention

Recruitment and retention are interdependent. The students you recruit dictate the type of programs, services, and human resources needed and predict to some degree the retention rate. Retention, viewed as a component of a system, is the output that results from the input (recruitment) and interactions (students with programs and services) within the system.

Recruitment and retention for a college or department within a college or university should be a part of the mother institution and reflect its philosophy and mission. The Southern Regional Education Board in its report on "University-Wide Planning for the Minority Student" (SREB, 1974) defined the following principles for comprehensive planning and programming:

1. Recommendations must be based upon rational considerations and not on emotional ones.

2. Minority persons must be involved both in decision making and in advisory activities.

3. Students and faculty members must be involved as much as is practical both in decision making and in advisory activities.

4. Commitment to the principles involved in the program must be made by the board of trustees and the president and must be publicized, and the president's involvement must be constant.

5. The development and implementation of the program must have as its motive the conviction that it is the right thing to do, and is not simply a response to pressure.

6. The program should be considered as a continuing one, not something started only to be dropped later.

7. Local situations and conditions must be considered in the development of a structure for planning; there is no universal model.

8. Priority should be given to efforts to meet institutional commitments.

9. While one person must be given immediate responsibility for administering and monitoring the program, the choice of that person should be based upon the person's potential effectiveness for achieving the desired results and not merely on administrative title.

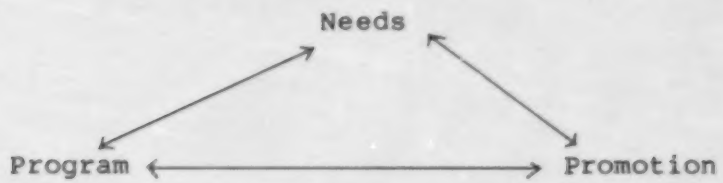
10. Institutions must accept responsibility for expending the funds necessary to produce the changes desired.

11. Individuals responsible for institution-wide planning in this area need to be highly sensitive, knowledgeable, and capable, and must be influential and respected by all components of the institution.

As previously indicated, attracting and retaining diverse students is an interdependent process. It can be described as a marketing concept that combines the "product concept" and the "selling concept" as a means to satisfying human needs. In education, marketing has been viewed as unprofessional and analogous with hucksterism. Many educators take the approach that our product is a worthwhile service that will sell itself. They view the aggressiveness of industry as too imposing and unprofessional.

Kotler (1975) identifies three major components of a marketing plan: Consumers Need Orientation (Needs), Integrated Marketing (Program), and Consumer Satisfaction (Promotion).

Figure 1. The Marketing Concept

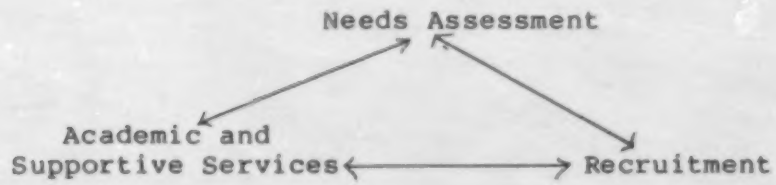


Source: From "The Marketing Concept and Adult Education," by T. Shipp, Lifelong Learning, March, 1981, 9. Reprinted with permission of the Adult Education Association, USA.

Using the marketing concept, consumer needs are the major focus. Emphasis is on people and their needs rather than the product. Integrated marketing--the program--means that the various departments within the organization realize their roles and their profound effect on the organization's ability to create, retain, and satisfy customers. The consumer satisfaction (promotion) component is the direct communication link between consumers and the insitution.

Can the marketing concept be applied to attracting and retaining diverse students? The marketing concept utilizes the total organization to meet the needs of consumers. Anderson et al. (1974) assert that for maximum effectiveness in retaining students in higher education institutions, the program must be university-wide. Let us apply the concept to a college/ university.

Figure 2. The Marketing Concept in Education



The figure reflects a two-way communication between needs assessment and services, between needs assessment and recruitment, and between services and recruitment. Utilizing this

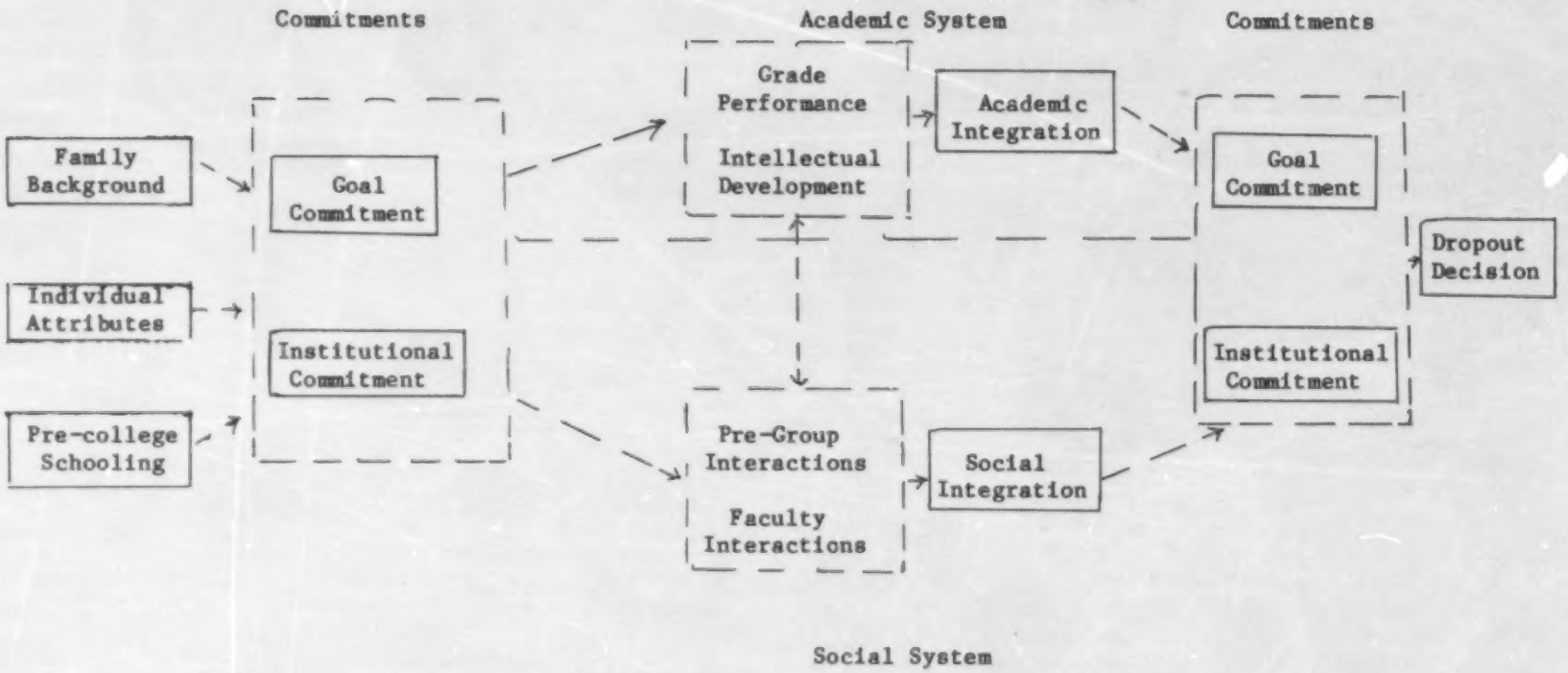
model, needs assessment incorporates formal research into the specific needs of enrolled students, potential students, the community, and the providing college/university. The program, academic and supportive, is designed to meet the defined needs. If the program cannot meet specific needs, the institution should have a system of referral for those students it is unable to satisfy.

Attracting students would be the responsibility of the recruitment team. Realizing the institution's goals, the services the college/university has to offer, and the needs of the students, the recruitment team would match services with human needs. It must not sell services that are not provided. To satisfy consumers (students), a true image of what the university has to offer must be conveyed. Barton et al. (1978) asserts that low attrition/retention is a major marketing tool. It is correlated with the program, both academic and nonacademic, provided by the institution. Recruiters have the responsibility of matching needs with the program: faculty and nonacademic personnel are responsible for delivering services promoted.

Models for Attracting and Retaining

Various researchers have designed models that reflect portions of the marketing concept of matching needs with services. Each views retention/attrition as a complex and multi-dimensional process involving both academic variables. Tinto's (1975) integration model incorporates family background, individual attributes, pre-college schooling, individual and institution's goal commitment, academic integration, and social integration. He contends that dropping out is a longitudinal process that involves the integration of the individual into the institution's social and academic systems. He views goal commitment of either the individual or the institution as the ultimate determinant. Using the theory of cost benefit analysis to explain the decision making process of whether to persist or not to persist, he states the individual's decision is made in terms of perceived cost and benefits of chosen activity relative to those perceived as alternatives. In essence, the individual tends to dropout of college if he perceives an alternative form of investment of time, energies, and resources will yield greater benefits over time than would staying in college (see Figure 3).

Figure 3. A Conceptual Schema for Dropout from College



Source: From "Dropout from Higher Education: A Theoretical Synthesis of Recent Research" by Vincent Tinto, Review of Educational Research, Vol. 45, No. 1, page 95. Reprinteded with permission.

Munro (1980) applied Tinto's model to a sample of nursing students drawn from the National Longitudinal Study of the High School Class of 1972. She examined persistence in nursing education, the institution, and higher education. She found the dropout rate from nursing programs was 41 percent for baccalaureate (BSN) students and 27 percent for associate degree (ADN) students. The model was able to explain 34 percent of the variance in nursing education for ADN students and 19 percent for BSN students: 17 percent of variance in persistence in institutions for ADN students and 12 percent for BSN students and 40 percent of persistence in higher education for ADN students and 30 percent for BSN students. Munro concluded that academic integration and aptitude had the greatest direct influence on persistence in nursing for BSN students. Academic ability was found to be the most powerful predictor of success. Educational aspiration was the greatest single variable affecting persistence for ADN students.

Smith's (1978) model focused on the development of a total profile as a type of needs assessment that would facilitate retention. This model shows the two-way communication between needs assessment and programming, but omits the promotion aspect of marketing. It is based on Tinto's model and purports that social and academic integration into the university systems influence persistence.

Differences between persisters and nonpersisters on personality variables and relationships between personality characteristics, interests, and academic ability were tested. The most significant variable that separated persisters from nonpersisters was the extent to which an individual worried about making a good impression on others. Persisters rated higher than nonpersisters on this variable. They also rated significantly higher than nonpersisters on interest in behavior of others, enjoying being the center of attention, and being a leader. These variables reflected social integration and played a significant role in the educationally disadvantaged student's integration into the nursing school's environment.

Eastern Oregon State College Program

Schmedinghoff (1979) listed the four components of Eastern Oregon State College Program for High Risk as (1) identification, (2) prescription, (3) follow-up, and (4) evaluation. Most of the students served by that college come from rural communities; many were described as being educationally and financially disadvantaged. Details of his model are:

I. Identification

The identification of the high-risk (exit prone) student includes:

A. Academic record screening -- During the summer prior to the student's enrollment, the SAT scores are screened (below 350 on verbal, 350 on math and below 35 on the TSWE [test for standard written English] are classified as exit prone), and recommendations are made regarding assignment to skills classes. No more than two skills development courses are assigned each quarter.

B. Academic Advisors assignment -- A selected core group is chosen for freshmen students with the Dean's approval. Special attention is given to those who are willing and able to establish rapport with students.

C. Self Referrals from students -- These usually are not students whose SAT scores were substandard. They come later during the semester for services they feel they need. The counseling office becomes responsible for these students.

D. Diagnostic Testing -- All skills classes confirm the placement of students with diagnostic tests. The self-referral students are also tested.

E. Personal letter -- At midterm (5th week) each freshman student is invited by a personal letter to see their advisors for an interview. The letter explains that the purpose of the interview is to provide an opportunity to share information. The belief is that student-faculty interaction has a strong relationship to student satisfaction with the college experience.

II. Prescription

A. Assign courses -- Based on SAT and diagnostic test results.

B. Advisement -- Based on needs assessment, recommendations are made to the advisors who interpret them to the assigned students.

C. Tutors -- A list of resources is provided each student including career development services, medical care, counseling, and financial planning.

D. Counseling -- Tries to counsel student away from self-defeating behaviors and toward involvement into social activities, committing self to a major, living in residence, and other behaviors researchers indicate contribute toward persistence.

III. Follow-Up

A. Counselors -- Function confidently, no direct follow-up.

B. Tutors -- Keep office informed of student's progress or lack of progress.

C. Instructors of Skills Classes -- Same as above.

D. Advisors and Instructors of Core Classes -- Forward names of students with symptoms of exit proneness.

E. Students on academic probation are invited to come in for an interview.

IV. Evaluation

A. Retention Rate -- Mathematical but meaningless without interpretation.

B. Retention Rate rationale.

C. Meaning of retention.

Attempts are made to identify the transfer student and the stop-outs.

A Data-Driven Minority Student Retention Model

This model (Goodrich, 1980) uses six components to provide a comprehensive approach to increasing retention among minority students. The goals of the model are to:

1. enable university administrators to pinpoint problem areas and identify potential solutions regarding minority student enrollment and enrollment distribution;

2. enable administrators to monitor the academic status of minority students;

3. serve as a resource in identifying needs for improved advisement, expanded support services and new academic courses; and

4. serve as a tool for recommending changes in university policies and procedures that negatively impact minority student retention (pages 5 - 16).

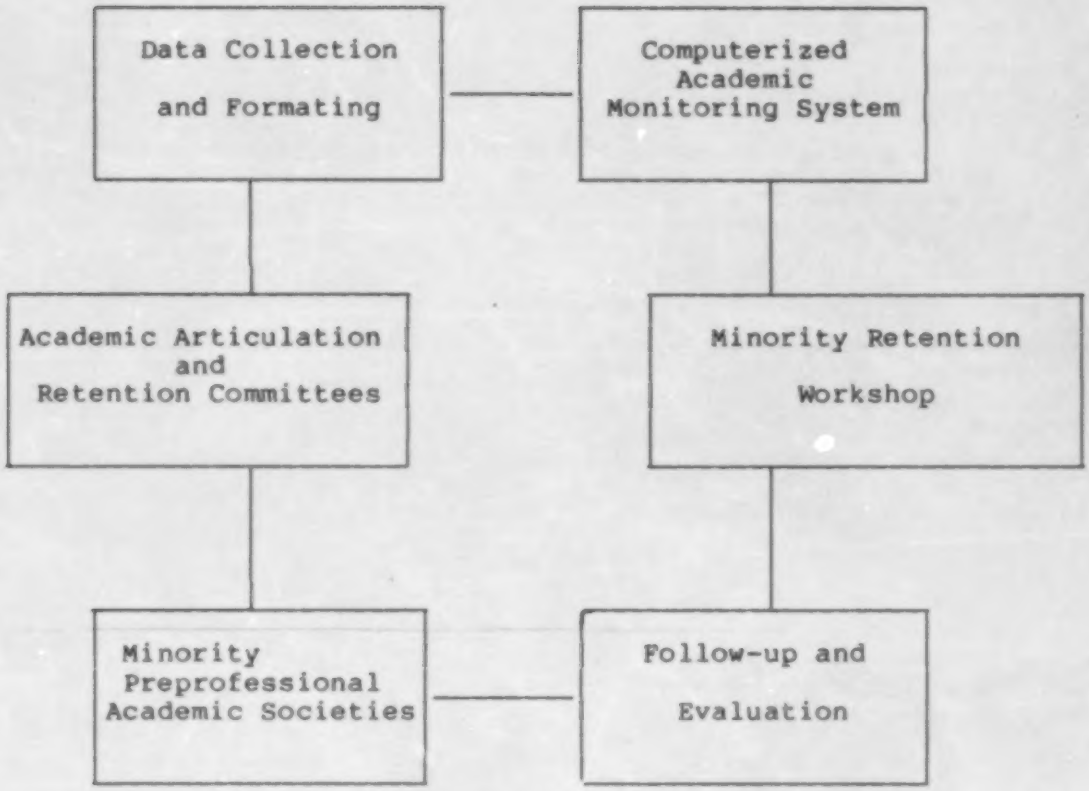
The six components that facilitate meeting these goals are (1) data collection and formating, (2) computerized academic monitoring, (3) academic articulation and retention committees, (4) minority retention workshop, (5) minority pre-professional academic societies, and (6) follow-up/evaluation (see Figure 4).

1. Data Collection and Formating -- This includes determining the system of collecting data, the type of data to collect and criteria for collecting data; ensuring the data collected is accurate; and collecting the baseline data.

2. Computerized Academic Monitoring System -- serves as an early alert strategy. The system includes (a) instructors who identify students performing below average and report them at the end of the first 1/3 of the term, (b) letters sent by division, department or minority affairs office to students expressing concern and providing a list of services available, including names, and (c) follow-up initiated by academic support services personnel - personal contact, intake interview and problem assessment, referral system, academic skills improvement resources, data collection, reporting, and evaluation.

3. Academic Articulation and Retention Committee -- is concerned with various components of the total university working together across boundaries. It links faculty-administrators as well as individual divisions and departments together to promote communication about comprehension and implementation of the minority program.

Figure 4. Data-Driven Rentention Model Components



Source: Developed by Andrew Goodrich, Ph.D., Data Driven Retention Systems, Ltd. Copyright 1980 by Andrew Goodrich. Reprinted by permission of the author.

4. Minority Retention Workshop -- is an across-campus workshop involving academic personnel, nonacademic personnel, and students comprising a mix of ethnic groups and sexes representative of the college/univer-community. The purposes are to identify those academic related problems that contribute to minority attrition and to begin to work out solutions to promote retention.

5. Minority Preprofessional Academic Societies -- is a strategy for improving enrollment, distribution, and retention in underrepresented disciplines. (Minorities are heavily concentrated in the social sciences and education.) It comprises a support system for those entering underrepresented professional, scientific, and technical fields. Encouragement is given to the establishment and growth of these societies.

6. Follow-up and Evaluation -- includes monitoring and formative and summative evaluation of each component.

Goodrich's model presents a comprehensive and university-wide approach to improving retention. It focuses primarily on programming and intra-university assessment but fails to look at the needs of the market and to provide for matching needs with services.

Let us use these six components but shift and expand activities to incorporate a broader area of data collection and promotion to design a model for attracting and retaining diverse students. The six components are not static and provide for continuous interaction between each other (see Figure 5). The components are:

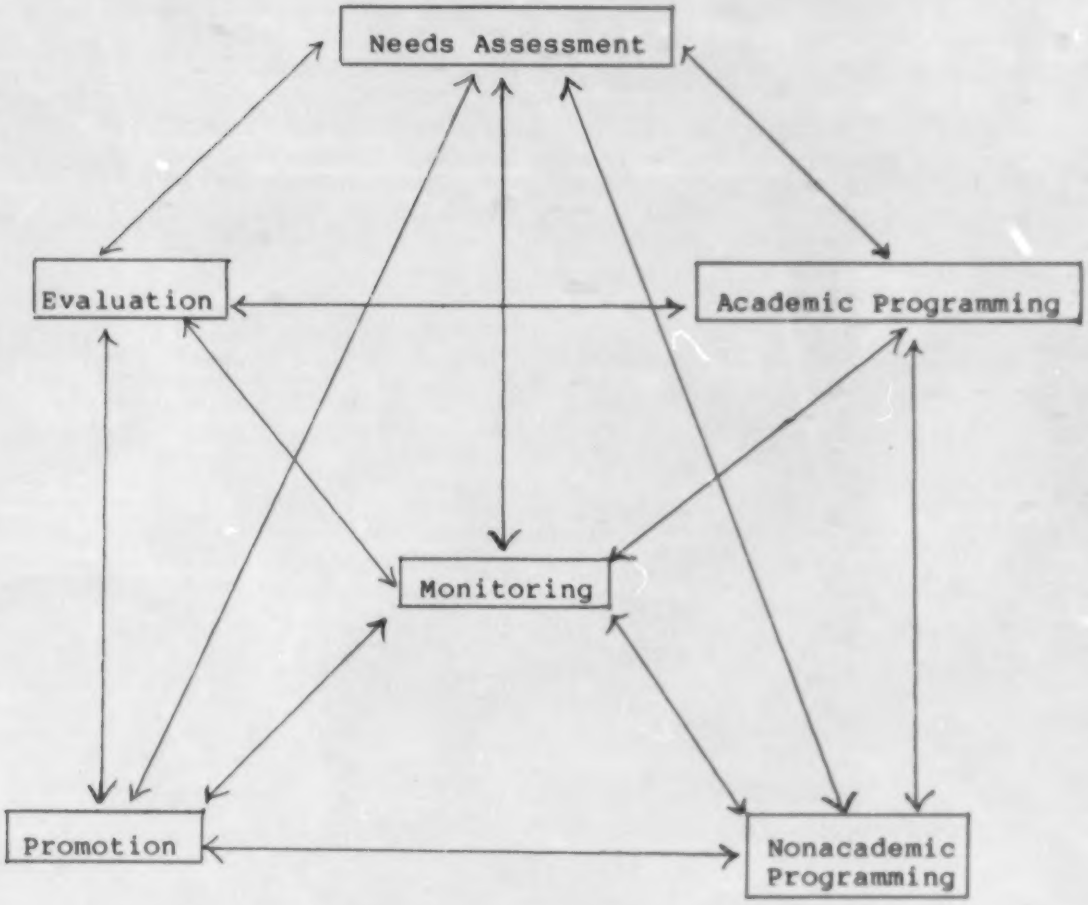
1. Needs Assessment

   Data collection would be secured from:
   a. Prospective market
   b. Community served by the university
   c. Graduates
   d. Enrolled students
   e. University administrators, faculty, and personnel

2. Academic Program

   a. Curriculum
   b. Professional organizations
   c. Advising
   d. Academic support courses

Figure 5. An Interaction Model for Attracting and Retaining Diverse Students



Source: Developed by Eva Smith

3. Non-Academic

   a. Academic support system - counseling, advising, tutoring
   b. Social support system - counseling, referrals, social, and professional activities

4. Monitoring

   a. Workshop for university family based on needs assessment
   b. Communication link between all components
   c. Communication with students including follow-up
   d. Communication link with administration

5. Promotion

   Matching of services with market through media, students, graduates, university personnel

6. Evaluation

   a. Formative
   b. Summative

Inherent in this model are provisions for assessment, programming, promotion, securing and maintaining university-wide commitment and participation, and provisions for academic and social integration into the university community.

Summary

The inclusion of diverse students in higher education during the 60s and 70s was the result of a decline in the traditional student pool available to colleges and universities, and a demand for expansion of educational opportunities to diverse groups within American society. The inclusion of diverse students in higher education met controversy and increased problems of admission and retention.

Enrollment trends show an increase for all students between 1970 and 1980. The pool mixture, however, changed. Enrollment of women, part-time students, and diverse and adult students increased in the 80s. Publicly controlled colleges and universitites also show an increase in enrollment. Dropout rates continue to be high and greatest among minority groups.

Predictions for the 80s indicate there will be a decline in the total college bound applicant pool, including diverse students. Other issues of the 80s will be financing of higher education, equal education opportunities for the handicapped and different student, and quality high school education. All of the issues will have direct effects on nursing. The educational preparation of applicants, attracting and retaining students, including diverse students, and how to finance nursing (individual and program) education will be issues that must be dealt with during the 80s.

Attracting and retaining students in any unit of the university is a university-wide responsibility. It is an interdependent process incorporating assessing the needs of the market, planning a program--academic and nonacademic--that satisfies the needs of the market and meets the goals of the institution, and the matching of program with needs by means of promotion. No sub-unit, i.e. nursing, within the univeristy function independentiy and achieve maximum success in attracting and retaining students. The success of the program depends upon institutional commitment and total university invovement.

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EVALUATION OF THE AFFECTIVE DOMAIN

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When faculty of allied health discuss educational difficulties, the conversation invariably turns to such topics as the difficulty of assessing and modifying student behavior and attitudes. The episodes may vary but the frustrations seem the same. Faculty are especially concerned about evaluating students in what appears to be a very subjective area -- the affective domain. They are fearful of being "sued." One does not know how to go about grading students on cooperativeness and appearance. Although we all may have concerns about evaluating professional demeanor, few would not agree that we have a responsibility to ensure that each students leaves a program with an understanding of professional behavior standards and a willingness to adhere to them.

This session cannot present the wealth of information available on the affective domain, but the goals are to have the participant:

1. know the strengths and weakness of the three current methods of assessing the affective domain,
2. be familiar with various types of assessment instruments, and
3. know the legal requirements of evaluation and documentation.

Faculty Reluctance

Several authorities have defined the "affective domain" as objectives relating to feelings, emotions, and attitudes. In allied health, affective objectives relate to personal characteristics regarded by professionals as essential, such as caring, initiative, and appearance. Assessing students for these traits is usually vague and subjective. Other reasons why faculty are reluctant to assess this domain are:

1. objectives are difficult to write,

2. unfamiliar with appropriate instructional strategies for behavior modification,

3. unclear about how to assess students,

4. evaluations require a high level of inference and often only assess pieces of the observed behavior, and

5. fear that the subjective and vague aspects of the evaluation can lead to various grievances/problems.

Behavioral, Psychometric and Counseling Approaches

Three approaches attempt to resolve the inherent subjectivity and vagueness in assessing affective objective: the behavioral, psychometric, and counseling approaches.

Behavioral Approach: Many schools have adopted this approach which primarily requires that:

1. professional traits be operationally defined in behavioral terms,

2. the behavior must be observable, and

3. if using a rating scale, the scale must have behavioral anchors. This requires descriptions of acceptable and non-acceptable behavior rather than descriptions such as satisfactory and unsatisfactory.

One of the major strengths to this approach is the communication of expectations to students. The specification of bahaviors also increases the validity and reliability of the system. The more detailed the description of each behavior, the less likely that evaluators (faculty) are interpreting and evaluating different behaviors.

One of the criticisms of this approach is the difficulty of defining the behaviors and the time involved. Much of the strength of this approach is dependent on clearly written descriptions of appropriate and inappropriate behaviors. Another problem can be that students may mimic appropriate behavior only in the presence of the instructor or feel "nervous" in the instructor's presence. In either case, evaluation observations may not provide accurate information about the student.

Psychometric Approach: This approach relies on a test(s) to measure the student's accomplishment of these objectives. The test(s) can also be used to screen applicants, diagnose problems, and confirm subjective impressions. Although the success of this approach is almost totally dependent on a valid and reliable test(s), advantages include easy administration and scoring, objective asessment, and normative data.

An obvious weakness of this approach is that it can be easily faked. Students may know the appropriate repsonse, but do not display any of these traits in the "real" setting. Another problem with this approach is that the test may define problem areas but provide little in determining how to alleviate problems.

Counseling Approach: The counseling approach requires the faculty member and student to mutually assess the student's strengths and weaknesses. When agreement occurs over weak areas, a developmental plan to overcome these problems is devised with the student. If the session is appropriately executed, the faculty member can provide motivation and support for constructive change. The success of this approach is dependent on the skill of the faculty in conducting evaluation conferences. In most cases this will require special training, especially in handling the nonresponsive or ineffective students. And regardless of how skillful a faculty member may be, he/she may not be successful with all students.

Each of these approaches has strengths and weaknesses. The effective method may be a combination of these three. Many programs are evaluating the affective domain by specifying affective objectives behaviorally, assessing students based on these objectives, conducting post-evaluation conferences and, if needed, using additional tests to further define problem areas. Within this approach, students are actively involved in self appraisal. It is assumed this involvement will provide congruence between the faculty member and student. Such congruence should enable greater likelihood for producing the desired change. However, a critical component is the post-evaluation conference. An essential aspect of the conference is establishing an open and "helping" relationship.

Few would disagree with the aforementioned approach. But like the old cliche, "easier said than done," this model requires a systematic manner of development and implementation. Perhaps the most critical are defining the affective objectives in behavioral terms and selecting/developing a valid and reliable assessment instrument.

Developing an Affective Assessment Instrument

The development of an evaluation instrument requires a set of valid objectives. Defining the set of objectives and improving the validity can be facilitated by gaining input from members of advisory committee, professionals in the field, and surveying other colleges. Once the objectives have been defined, an assessment approach must be determined. The following describes three of the more commonly use instruments/ approaches.

Checklist: A checklist lists the behaviors or objectives which will be evaluated. Faculty using this form document the presence or absence of these behaviors. The development of such an instrument requires the following steps:

1. deciding on objectives to be evaluated,
2. analyzing tasks into specific sequential actions,
3. listing actions and errors in logical order of occurrence,
4. allowing for recording of "cannot determine" and space for comments, and
5. pilot testing - very important.

Several reasons can be cited for selecting this type of evaluation instrument:

1. easy to administer, especially for untrained persons,
2. easy to score,
3. clarity of feedback to students, and
4. efficiency when evaluating large numbers of students.

The most obvious weakness of checklists is that the quality of the performance is not recorded. Another weakness is that one cannot quantify how much a behavior occurs.

Rating Scale: This is perhaps the most popular assessment instrument. Although similar to the checklist, students are rated on the extent to which they possess the traits. The development of this type of instrument requires:

1. deciding on objectives to be evaluated,

2. analyzing objectives into observable behaviors,

3. defining behavioral anchor point - e.g. from worst to best -- least to most,

4. allowing for "no response" and comments for "other than average performance,"

5. weighting of individual items, and

6. pilot testing.

The strengths of this assessment approach are:

1. ease of administration,

2. ease of scoring,

3. applicable to a large number of students,

4. clarity of feedback to students, and

5. wide range of applicability.

One of the most frequent problems with this approach is the tendency to promote halo and leniency effects. A good student tends to be evaluated as "good" on all objectives. The converse is true of a poor student. Since students are rated for each objective on a continuum, rating scale instruments require the faculty to be more judgmental and subjective.

The effectiveness of this instrument in producing reliable results is dependent on the ability to define reference points in behavioral terms. This will minimize the possibility that two independent evaluators will rate the student differently on a given objective. Anyone who has attempted to behaviorally define these anchor points can testify to the difficulty of producing such reference points.

Anecdotal Approach: Of the three approaches, the anecdotal method is least structured. Faculty merely document in narrative form any behavior that relates to the objectives. The strengths of this approach are:

1. the ease of development - merely recording behavior,

2. provides formative feedback with incidents cited,

3. good supplement for other more objective techniques, and

4. more individualized - responds to uniqueness of student.

A primary weakness to this approach is its highly subjective nature. The documentation lacks standardization especially when more than one evaluator is involved. Other weaknesses are:

1. difficult to score,

2. time consuming,

3. requires close observation of students, and

4. must document each observed incident.

Essential Components and Legal Requirements

Regardless of the approach selected there are several essential component and legal requirements. (See page 172 for listing of these components. The degree of concern over legal requirements depends on whether grades are based on these evaluations. If affective objectives are evaluated only for the purpose of formative feedback but not "graded," then one can be less worried about the legal requirements. However, if grades are partially or totally derived from assessment of affective objectives, careful review of the evaluation system should be undertaken to insure that the system includes at least the legal requirements.

A major component of any evaluation system is maintaining appropriate documentation. A summary of the evaluation process should be written up on an appraisal report. Legally, one is required to document strengths and weaknesses. A developmental plan with suggested activities and target dates for completion is also required. Space must be provided for student comments. Both student and faculty member sign the form. Signature of the student acknowledges only that he/she has seen the report; it does not imply agreement. All persons who will receive a copy of the report must be listed on the form. The counseling form on page 176 is a sample of a suggested format.

Conclusion

Evaluation of students in the affective domain is one of the perplexing problems for allied health educators. No system, no matter how well planned, will completely remove the subjective and judgmental nature of these evaluations. The three major approaches, behavioral, psychometric, and counseling, all have strengths and weaknesses. The most successful system may be one which employs the strengths from each of these approaches.

Regardless of the approach, several essential components and legal requirements should be incorporated in the system. The legal requirements must be included whenever students' grades are based on assessment results of the affective objectives.

Finally, no evaluation system can be adopted without consideration of the unique aspects of the program or institution and preferences of the faculty. The suggestions outlined in this paper are to be regarded as guidelines in reducing the subjectivity of the evaluation process and assuring that at least the essential components of the evaluation system are included.

AN INSTRUMENT TO EVALUATE YOUR CLINICAL EVALUATION SYSTEM

PLACE A CHECK MARK NEXT TO THE STATEMENTS WHICH ARE REPRESENTATIVE OF YOUR CLINICAL EVALUATION SYSTEM WHICH YOU ARE PRESENTLY USING IN ONE OF YOUR CLASSES.

___ 1. Written goals (purposes) for the evaluation system are clearly stated in writing.

___ 2. Persons assigned the responsibility of evaluating the student were involved in the development of the system.

___ 3. The evaluation system has the support and commitment of the upper administrative staff.

___ 4. The evaluation results can be used for both developmental and judgmental purposes.

___ 5. Clinical objectives are clearly stated in writing.

___ 6. Clinical objectives consistently focus on professional practice.

___ 7. The evaluation criteria appraise the methods (means) as well as the results.

___ 8. Evaluation criteria are related to the role and responsibilities of persons in the selected discipline/ profession.

___ 9. Evaluation criteria are stated as objectively as possible.

___ 10. Minimum competence standards have been established and are in writing.

___ 11. Standards used to assess the level of performance are the same regardless of the clinical evaluator.

___ 12. The standards used to assess performance are as objective as possible.

___ 13. Procedures, forms, and instruments used in the evaluation process are given to all students and clinical evaluators.

___ 14. The procedures clearly outline specific responsibilities of students, clinical institution, academic institution, clinical instructor, etc.

___ 15. All students are evaluated using a similar set of procedures.

___ 16. Evaluation procedures are implemented as outlined.

___ 17. Evaluation is a continuous process, not just a periodic event.

___ 18. Supervisors and students mutually agree on goals and objectives which are to be accomplished by a specific date.

___ 19. Procedures outline specific deadline dates for certain tasks to be completed (date to submit report, date to accomplish specific task, etc.)

___ 20. Prior to final assessment, periodic feedback on each student's performance is given.

___ 21. The clinical supervisor directly observes the student to assess performance.

___ 22. Procedures require a summary report on each student who was evaluated.

___ 23. Procedures require specific activities to be outlined for a person who is assessed as having certain weaknesses.

___ 24. Specific time periods are established for correcting performance.

___ 25. Students who are evaluated are shown or given a copy of their evaluation report.

___ 26. Students are required to sign their evaluation report.

___ 27. Space is provided on the evaluation report for the student to make comments.

___ 28. Procedures permit a student to appeal or grieve the results of his/her evaluation.

___ 29. The entire evaluation system is periodically evaluated by students, faculty, clinical evaluators, etc.

___ 30. Procedures require the student to submit a self-evaluation.

___ 31. Sufficient evidence is obtained to adequately assess the student's performance.

___ 32. The evaluation system is implementable as designed.

___ 33. The evaluation system does not require an unrealistic amount of time to implement.

___ 34. Clinical supervisors have received specific training in the evaluation system.

___ 35. As a consequence of their evaluation, students are motivated to improve their performance.

___ 36. A result of the appraisal process is the identification of areas in which the clinical experience could be improved.

___ 37. The results of the evaluation are adequate for judgmental purposes.

___ 38. The results of the evaluation are adequate for developmental purposes.

___ 39. Appraisal interviews (conferences) are held between supervisor and the student to review/discuss the results of the evaluation.

___ 40. Supervisors have been trained in conducting appraisal interviews.

___ 41. The appraisal interview focuses on developmental needs or judgmental decisions, never both at the same time.

___ 42. At the conclusion of each appraisal interview, students understand to what degree their performance was satisfactory and what is expected of them in the future.

___ 43. During a review of the student's performance, he/she is given opportunities to express his/her opinion about their performance.

___ 44. The evaluation plan is structured to facilitate the concurrent assessment of knowledge, attitudes, and skills.

___ 45. The evaluation technique closely "simulates" the real situation.

___ 46. Wherever possible multiple data sources are obtained.

___ 47. Both formative and summative evaluation is conducted.

___ 48. Clinical instructors have received training in observational skills to improve inter- and intra-rater reliability.

___ 50. There is a congruence among goals, objectives, standards, and evaluation criteria.

Date of counseling session _____

NAME OF COLLEGE/DEPARTMENT

COUNSELING FORM

I. Name of student_____Clinical site _____
Length of Interview_____Prior counseling session_____
Name of faculty/supervisor_____
Time under supervision_____

EVALUATION SUMMARY

II. REVIEW OF PROGRESS (STRENGTHS)

STUDENT COMMENTS

III. Improvement Areas

Student comments

IV. DEVELOPMENTAL PLAN (List suggested improvements, suggested activities to be undertaken, establish target dates for completion)

SUMMARY APPRAISAL: (optional)

( ) unsatisfactory performance

( ) less than expected performance

( ) more than expected performance

( ) ourstanding performance

STUDENT COMMENTS

Evaluator's signature

Student's signature

routing: list persons receiving a copy of report (student should receive one)